

**POLICY DAA-E**

**DISCRIMINATION COMPLAINT FORM**

TO: Title IX/504/ADA Coordinator - High School Principal  
Alternate Coordinator - Middle School Principal

FROM: Name of Grievant \_\_\_\_\_

Address/Telephone # \_\_\_\_\_

DATE OF ALLEGED VIOLATION: \_\_\_\_\_

NATURE OF ALLEGED VIOLATION:

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NAMES OF PERSONS RESPONSIBLE:

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REQUESTED ACTION:

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Date Complaint Filed With Coordinator: \_\_\_\_\_

Please use reverse of this form or attach additional sheets if necessary.

(Complaint must be submitted within 30 days of alleged violation.)

*Adoption Date: May 13, 2013*