

**Policy Series 400 – Staff/Personnel
Employment, Equity, Opportunity, and Qualifications**



Policy 400.1-E Equity Complaint Form

Distribution of Form: *(Equity Coordinator)*

Name of Complainant: _____

Building: _____

Date of Filing: _____

Date Violation Occurred: _____

Date Level I Meeting was Held: *(Optional)* _____

Parties Present at Level I Meeting: _____

Nature of Complaint: _____

Remedy Requested: _____

Signature

Date

Address/City

Phone

Disposition of Chief Officer of Human Resources/Equity Coordinator: _____

Signature of Chief Officer of Human Resources/Equity Coordinator

Date

Chief Officer of Human Resources/Equity Coordinator's Disposition (Accepted or Rejected):

Signature of Complainant

Date

Disposition of Superintendent: _____

Signature

Date