

**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 HR/Equity Coordinator

Date:

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

Signature of Complainant

Date

Disposition of Superintendent:

Signature of Superintendent

Date