

Policy 400.1-E Equity Complaint Form

Distribution of Form: *(Equal Employment 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/Equal Employment Coordinator:

Signature of Chief Officer of HR/Equal Employment Coordinator

Date:

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

Signature of Complainant

Date

Disposition of Superintendent:

Signature of Superintendent

Date