

**EQUAL EDUCATIONAL
OPPORTUNITIES**

COMPLAINT FORM
(To be filed with the Superintendent)

Please print:

Name _____ Date: _____

Address _____

Telephone _____ Another phone where you can be reached _____

During the hours of _____

E-mail Address _____

I wish to complain against:

Name of person, school (department), program, or activity _____

Address _____

Specify your complaint by stating the problem as you see it. Describe the incident, the participants, the background to the incident, and any attempts you have made to solve the problem. Be sure to note relevant dates, times, and places.

Date of the action against which you are complaining _____

