

**Nondiscrimination/Equal Opportunity
(Complaint Form)**

Date: _____

Name of complainant: _____

School: _____

Address: _____

Phone: _____

Summary of alleged discrimination:

Name(s) of individual(s) committing alleged discrimination:

Date(s) alleged discrimination occurred:

Name(s) of witness(es) to alleged discrimination:

If others are affected by the possible discrimination, please give their names:

Your suggestions regarding resolving the complaint: _____

Please describe any corrective action you wish to see taken with regard to the alleged discrimination. You may also provide other information relevant to this complaint.

Signature of complainant

Date

Signature of person receiving complaint

Date

Adopted May 28, 2008

St. Vrain Valley School District RE-1J, Longmont, Colorado