

**Nondiscrimination Policy Complaint Form (Policy 602.1-E) District Level Complaint**

<u>Area of Complaint</u>	<u>Administrator's Name</u>	<u>Office</u>	<u>Telephone No.</u>
Title I Activities	_____	_____	_____
Title VII Civil Rights	_____	_____	_____
ADA/Section 504	_____	_____	_____
Title IX Gender Discrimination	_____	_____	_____

Date Received: \_\_\_\_\_

Hearing Scheduled Date: \_\_\_\_\_

Persons Attending:

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\_\_\_\_\_

\_\_\_\_\_

Disposition by District Complaint Officer:

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