

STUDENTS

Pupil Nondiscrimination

D.C. Everest Area School District
Discrimination Complaint Form

Name: _____ Date: _____

Address: _____
(Street)

Telephone: _____
(Home) (School/ Work or Cell)

Status of person filing complaint: _____ Student _____ Employee
_____ Parent _____ Other

Filing complaint alleging discrimination on the basis of: _____

Statement of complaint (include type of discrimination charged and the specific incident(s) in which it/they occurred):

Signature of complainant: _____

Date complaint filed: _____

Signature of person receiving complaint: _____

Date received: _____

Submit the original complaint to the Assistant Superintendent, Curriculum, Instruction & Technology, who will verify receipt of the complaint with his/her signature and date.

Distribution: 1st copy - Assistant Superintendent, Curriculum, Instruction & Technology
(Complaint)

2nd copy - School/department

3rd copy - Complainant