

## NONDISCRIMINATION / EQUAL OPPORTUNITY COMPLAINT FORM

Please print:		
Name		Date
Address		
Cell Phone	Home Phone	Work Phone
During the hours of		<del></del>
E-mail address		
I wish to complain agai	nst: Name of person, school positi	ion, program, or activity
Address		
	lent, and any attempts you have r	e it. Describe the incident, the participants, the made to solve the problem. Be sure to note



If there is anyone who could provide more information regarding this, please list name(s), address(es),

and telephone number(s). Name Address Telephone Number The projected solution: Indicate what you think can and should be done to solve the problem. Be as specific as possible. I certify that this information is correct to the best of my knowledge. Signature of Complainant