

Corvallis K-12 Schools

COMPLAINT FILING FORM

3215F

Your Name: _____ Date: _____

Circle One: (1) Student, (2) Employee, (3) Parent in behalf of student, (4) Other in behalf of student/employee)

Address: _____

Phone: _____

Circle One: (1) Policy Complaint, (2) Title IX Complaint, (3) Section 504 Complaint

THE FACTS: (Please describe what happened in factual detail. Please identify witnesses or others who were present. Then identify the policy or statute you believe may have been violated by this action/behavior. Please identify any person(s) you believe may be responsible.) (Use additional paper if needed)

If others are affected by the possible violation, please give their names and/or positions:

PAST HISTORY: (Please describe any past incidents that you believe are related to this complaint):

SUGGESTED REMEDY: (Please describe any corrective action you wish to see taken with regard to the possible violation. You may also provide other information relevant to this complaint.

Signature of Complainant: _____ Date: _____

Signature of Person Receiving Complaint: _____ Date: _____

Location: _____