

Morrow County School District

Code: **AC-FORM**

Adopted: 12/11/00

Revised/Reviewed: 5/12/03; 9/14/15; 2/12/18;
10/14/19

Discrimination Complaint Form

Name of Person Filing Complaint: _____

Date: _____

School or Activity: _____

Student/Parent ☐ Employee ☐ ~~Nonemployee~~ **Job Applicant** ☐ (~~Job applicant~~) Other ☐ _____

Type of discrimination:

- | | | |
|--|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> <u>Mental or physical</u> D -disability | <input type="checkbox"/> National <u>or ethnic</u> O -origin |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Color | <input type="checkbox"/> Marital S -status |
| <input type="checkbox"/> Age | <input type="checkbox"/> Sex | <input type="checkbox"/> Sexual O -orientation |
| <input type="checkbox"/> <u>Familial status</u> | <input type="checkbox"/> <u>Economic status</u> | <input type="checkbox"/> <u>Veterans' status</u> |
| <input type="checkbox"/> <u>Pregnancy</u> | <input type="checkbox"/> <u>Discriminatory use of a Native American mascot</u> | |
| <input type="checkbox"/> Other _____ | | |

Specific complaint: (Please provide detailed information including names, dates, places, activities and results of informal discussion.)

Who should we talk to and what evidence should we consider?

Suggested solution/resolution/outcome:

This complaint form should be mailed or submitted to the building principal.

Direct complaints related to educational programs and services may be made to the U.S. Department of Education, Office for Civil Rights. Direct complaints related to employment may be filed with the Oregon Bureau of Labor and Industries, Civil Rights Division, or the U.S. Department of Labor, Equal Employment Opportunities Commission.