

Morrow County School District

Code: **AC-FORM**
Readopted: 5/12/03
Readopted: 9/14/15
Orig. Code(s): 7710.13-AR

Discrimination Complaint Form

Name of Person Filing Complaint: _____

Date: _____

School or Activity: _____

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

Type of discrimination: ☐ Race ☐ Disability ☐ National Origin
 ☐ Religion ☐ Color ☐ Marital Status
 ☐ Age ☐ Sex ☐ **Sexual Orientation**
 ☐ **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?

Remedy requested **Suggested solution/resolution/outcome:**

The complaint form should be mailed or taken 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.