

ROCKFORD PUBLIC SCHOOLS
GRIEVANT COMPLAINT FORM

- Title VI
- Title IX
- Section 504
- Age Discrimination Act
- Title II
- Title III

Name _____ Date _____

Address _____
(Street) (City) (State) (Zip)

Telephone _____
(Home) (School or work location)

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

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

Signature of Complainant: _____

Date Complaint Filed: _____

Signature of person receiving complaint: _____

Date Received: _____ Complaint Number: _____

Complaint Authority: _____

Submit all copies to the local Civil Rights Coordinator. The person receiving the complaint will sign receipt, date and number the complaint. One copy will be returned to the complainant, one copy will be sent to the school or department affected by the complaint, and one copy will be retained by the Civil Rights Coordinator.

DISTRIBUTION: 1st copy - Civil Rights Coordinator
 2nd copy - School/Department
 3rd copy - Complainant