

**Complaint Type**

Title VI      Title IX      Section 504      Age Discrimination Act      Title II

**Complainant Information (Person Filing Complaint)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ School or Work Location: \_\_\_\_\_

Status:      Student      Employee      Parent/Guardian      Other: \_\_\_\_\_

**Complaint Information**

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

Signature of Complainant: \_\_\_\_\_ Date Complaint Filed: \_\_\_\_\_

**Complaint Receipt**

Signature of Person Receiving Complaint: \_\_\_\_\_

Date Received: \_\_\_\_\_ Complaint Number: \_\_\_\_\_

Complaint Authority: \_\_\_\_\_

**Instructions**

Submit form to the local Equal Opportunity Officer. The person receiving the complaint will sign receipt, date, and number the complaint. A copy will be provided to the complainant and the facility or department affected by the complaint. The Equal Opportunity Officer will retain the document.