Wesley School

MAISD Muskegon Area Intermediate School District

MACTC

Civil Rights Complaint Form

☐ Title VI ☐ Title IX ☐ Section 504 ☐ Age Discrimination Act ☐ Title II

Name: _____

Address: _____
(Street)

_____
(City) *(State)* *(Zip Code)*

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 incidents 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 Equal Opportunity Officer. 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 facility or department affected by the complaint, and one copy will be retained by the Equal Opportunity Officer.

DISTRIBUTION: 1ST COPY- Equal Opportunity Officer
2nd COPY- Facility/Department
3rd COPY- Complainant