

DISCRIMINATION COMPLAINT FORM

To: Title IX/504/ADA Coordinator

From: Name of Grievant _____

Address/Telephone # _____

DATE OF ALLEGED VIOLATION: _____

NATURE OF ALLEGED VIOLATION

NAMES OF PERSONS RESPONSIBLE

REQUESTED ACTION

Date of Complaint Filed With Coordinator: _____

Please use reverse of this form to attach additional sheets if necessary.

(Complaint must be submitted within 30 days of alleged violation.)