

**EDMOND PUBLIC SCHOOL DISTRICT
COMPLAINT FORM**

REQUEST FOR A REVIEW

Person or Organization Completing Request

Name: _____ Date of Birth: _____

Address: _____
Street City State Zip Code

School or Place of Employment: _____ Grade (if student): _____

Discrimination based on: Race Color National Origin Age
 Gender Disability Veteran Status Boy Scouts or other Youth Groups

Complaint filed by: Student Employee Applicant
 Visitor Parent Other _____

If the alleged violation is regarding an individual other than the person or organization listed above, please complete the following information: (e.g., Parent completed above information regarding discrimination toward their child. The child's information would be listed below)

Name: _____ Date of Birth: _____ Relationship to Complainant: _____

Address: _____

Grade: _____ School or Place of Employment: _____

Date of Alleged Violation: _____

Describe the nature of the alleged violation, including specific facts relating to the complaint: (list or attach reference to facts, documents, witnesses or other proof or support for the claim) _____

Relief Requested (include any recommendation for addressing, correcting, or otherwise adjusting the source of the perceived problem, concern, or complaint) _____

The investigation will follow procedures outlined in Board Policy # 5165

Signature of Person Requesting Review

Date