	<p align="center">Huron School District #2-2</p>	<p align="center">Code: AC-E(1) Nondiscrimination in Federal Programs Complaint Report Form</p>
	<p align="center">Policies and Regulations</p>	

Nondiscrimination in Federal Programs Complaint Report Form

Date Form Completed: _____

Form Completed by: _____

Person Filing the Complaint (Complainant): _____

Address/Phone # of the Complainant: _____

Employee Involved: _____


Nature of Complaint: The person making the complaint shall with specificity identify the basis of the complaint (what, when, where, witnesses, and any other pertinent information):

(Use additional sheets if necessary).

Was a meeting held between the person having the complaint and the employee?

Yes _____ No _____

If a meeting was held, when was it held, what happened at the meeting and what was the outcome of the meeting: _____

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If a meeting was not held, explain why not: _____

Resolution requested/sought by complainant: _____

_____ Date _____ Complainant _____

_____ Date _____ School Official Completing the Report Form _____

Step 1 - Mutually agreeable resolution was reached:

Yes _____ No _____

If resolution, manner in which the complaint was resolved:

Complainant (initial/date) _____ Employee (initial/date) _____


If no mutually agreed upon resolution was reached, I request a decision by the Principal on the merits of the complaint:

Yes _____ No _____ Complainant (initial _____) Date _____

Yes _____ No _____ Employee (initial _____) Date _____

_____ Date _____ School Employee Completing the Sexual Harassment Report Form _____

_____ Date _____ Person Reporting the Sexual Harassment _____

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