



The School District of Lee County EQUITY COMPLAINT FORM

All complaints should be submitted on this form to the School Equity Coordinator. *(Please print)*

1. Name of person filing complaint: _____
Street Address: _____
City: _____ Zip Code: _____ Number: _____

2. What do you believe was the reason for the discriminatory or harassing treatment?
(Check one or more)
Race or Color: _____ Religion: _____ Handicap: _____ Sex: _____ National Origin: _____
Age: _____ Other: _____

3. Check one and provide information:

Student: _____ Where: _____ Grade: _____
(School)

Employee: _____ Where: _____ Position: _____
(School or Department)

4. Have you filed this complaint with any other agency?
Yes _____ No _____ *(If yes, name of agency and date filed)*

5. Explain the discriminatory or harassing act that occurred. If the complaint involves a policy, explain how and why it discriminates. A short statement in your own words is sufficient, however, you may attach more information and documents if necessary.

I swear or affirm that I have read the above complaint and that it is true to the best of my knowledge and belief.

Signature (Person Filing Complaint)

Date