



# The School District of Lee County

## DISCRIMINATION COMPLAINT FORM

*Complaints in regard to violations of the Non-Discrimination Policies should be submitted on this form to the School Compliance Contact.*

1. Name of person filing complaint: \_\_\_\_\_  
Email: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

2. What do you believe was the reason for the discriminatory or harassing treatment?  
*Check one or more*  
 Race or Color    Religion    Disability    Sex/Gender/Orientation    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, agency and date filed \_\_\_\_\_

5. Were there any witnesses?  Yes    No

6. 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*With my signature, I swear or affirm that the above and/or attached complaint is true to the best of my knowledge and belief.*

\_\_\_\_\_  
*Signature (Person Filing Complaint)*

\_\_\_\_\_  
*Date*

