



THE SCHOOL DISTRICT OF LEE COUNTY

EQUITY COMPLAINT FORM

Complaints in regard to violations of the Non-Discrimination Policy (1.27) should be submitted on this form to the School Equity Coordinator.

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