



Dublin City School District

Title VI/VII/IX Internal Complaint Form

Program
2260 F2
Revised 9/20/11
Page 1 of 4

Name of complainant

Telephone number

Address

Relationship to the School District:

_____ Student

_____ Employee

_____ Teacher

_____ Other _____ (Position)

_____ Other _____ (Describe)

Statement/nature of complaint (including date of alleged discrimination):

What action are you requesting (i.e. relief sought)?

Complainant's signature

Date

Date received by
District's Civil Rights
Coordinator

Internal Complaint – Step 1
Investigation/Conference with Civil Rights Coordinator

A conference was held on _____, at _____ and matters pertaining to
(date) (time)
the following alleged complaint were discussed.

Brief description of alleged complaint:

Disposition of alleged complaint:

District's Civil Rights Coordinator's signature

Date

If you wish to appeal this decision to the Superintendent, sign below and deliver to the Superintendent's office within five (5) school days of receipt of the Civil Rights Coordinator's decision.

Complainant's signature

Date

Date received by
District's Civil Rights
Coordinator

Internal Complaint – Step 2
Appeal to Superintendent

Date received by Superintendent's office: _____

Date of conference: _____

Disposition of alleged complaint:

Superintendent's signature

Date

If you wish to appeal this decision to the Board of Education, sign below and deliver to the Treasurer's office within five (5) school days of receipt of the Superintendent's decision.

Complainant's signature

Date

Date received by
District's Civil Rights
Coordinator

Internal Complaint – Step 3
Appeal to Board of Education

Date received by Board of Education (i.e. in Treasurer's office): _____

Date of meeting with Board: _____

Disposition of alleged complaint:

President, Board of Education's signature

Date