

McMinnville School District #40

Code: JB-AR(2)
Revised/Reviewed: Unknown
Orig. Code: JB-AR

Equal Educational Opportunity Discrimination Complaint Form

Person Filing Complaint

Date of Event

Street

City, State, Zip

Persons Involved:

I believe a discriminatory act occurred because of a student's:

- | | |
|--|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Age |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Marital Status |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Other |
| <input type="checkbox"/> Parental Status | |

Specific Complaint: (Please provide detailed information including the results of discussions with your supervisor or administrator.)

Remedy Requested:

Complaint form should be mailed or taken to the Title VI Coordinator at the District Administration Office, 1500 NE Baker Street, McMinnville, Oregon 97128.