

**Multnomah Education
Service District**

Code: **AC-AR(2)**
Adopted: 9/20/05
Amended: 12/11/06; 7/01/10
Reviewed:

Discrimination Complaint Form

Date of Filing: _____

Name of Complaint: _____

- Student/Parent Non-employee (Job Applicant)
 Employee Other (describe) _____

Program or Activity: _____

- Type of discrimination:
- | | | |
|--|--|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Sex | <input type="checkbox"/> National Origin | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Parent/Marital Status | <input type="checkbox"/> Age | <input type="checkbox"/> Sexual Orientation |

Specific complaint: (Please provide detailed information including names, dates, places, activities and results of informal discussion.)

Remedy requested: (if uncertain, may be left blank.)

Direct complaints related to educational programs and services may be made to the U.S. Department of Education Office for Civil Rights. Direct complaints related to employment may be filed with the Oregon Bureau of Labor and Industries, Civil Rights Division, or the U.S. Department of Labor, Equal Employment Opportunities Commission.