

**Multnomah Education
Service District**

Code: **JB-AR(2)**
Revised/Reviewed: 7/01/10

Equal Opportunity Complaint Form – Students

(To be used with JB-AR(1))

Date of Filing: _____

Date of Incident: _____

Name of Complainant: _____

Address: _____

Phone: _____

- Student/Parent Nonemployee (job applicant)
 Employee Other (describe) _____

Program or Activity: _____

- Type of Discrimination: Race Color Religion
 Sex National Origin Disability
 Parental/Marital Status Age Sexual Orientation

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

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

Signature

Date