



**Huron School District #2-2**

Policies and Regulations

Code:  
AC-E(1)  
Nondiscrimination in Federal  
Programs Complaint Report  
Form

**Nondiscrimination in Federal Programs Complaint Report Form**

Date Form Completed: \_\_\_\_\_

Form Completed by: \_\_\_\_\_

Person Filing the Complaint (Complainant): \_\_\_\_\_

Address/Phone # of the Complainant: \_\_\_\_\_

Employee Involved: \_\_\_\_\_

Nature of Complaint: The person making the complaint shall with specificity identify the basis of the complaint ( what, when, where, witnesses, and any other pertinent information):

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(Use additional sheets if necessary).

Was a meeting held between the person having the complaint and the employee?

Yes \_\_\_\_\_ No \_\_\_\_\_

If a meeting was held, when was it held, what happened at the meeting and what was the outcome of the meeting: \_\_\_\_\_

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If a meeting was not held, explain why not: \_\_\_\_\_

Resolution requested/sought by complainant: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ Complainant

\_\_\_\_\_ Date \_\_\_\_\_ School Official Completing the Report Form

Step 1 - Mutually agreeable resolution was reached:

Yes \_\_\_\_\_ No \_\_\_\_\_

If resolution, manner in which the complaint was resolved:

Complainant (initial/date) \_\_\_\_\_ Employee (initial/date) \_\_\_\_\_

If no mutually agreed upon resolution was reached, I request a decision by the Principal on the merits of the complaint:

Yes \_\_\_\_\_ No \_\_\_\_\_ Complainant (initial \_\_\_\_\_) Date \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ Employee (initial \_\_\_\_\_) Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_ School Employee Completing the Sexual Harassment Report Form

\_\_\_\_\_ Date \_\_\_\_\_ Person Reporting the Sexual Harassment