

CIVIL RIGHTS COMPLAINT/GRIEVANCE FORM
For
Title VI – (Race, Color, or National Origin Discrimination)
Title IX – (Sex Discrimination)
Section 504 – (Handicap Discrimination)

Name _____ Date _____

Address _____

(city) (State) (Zip Code)

Status of person filing complaint/grievance:

_____ Student _____ Employee
_____ Parent _____ Other: _____

Statement of complaint/grievance (include type of discrimination charged and the specific incident(s) in which it occurred):

Signature of Complainant: _____

Date Received _____ Complaint Number _____

Signature of person receiving complaint _____

Date Received _____ Complaint Number _____

INSTRUCTIONS:

- 1 Copy To: Complainant (Originator of Complaint/Grievance)
- 1 Copy To: Agency/School Civil Rights Coordinator
- 1 Copy To: Food Distribution Unit; Michigan Department of Education; P.O. Box 30008, Lansing, MI 48909