

Wakulla County School Board

Student Discrimination Complaint Form

The School Board seeks to provide a work environment free of discrimination and harassment on the basis of race, color, religion, sex, national origin, disability, or marital status.

This form shall be completed by the Complainant and presented to the Equity Coordinator/Human Resources. A copy should be retained by the Complainant.

Section I:	Complainant Information	Date: _____
Name: _____		
Address: _____		
City: _____ State: _____ Zip _____		
Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____		
The best time to contact me is: _____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. on my <input type="checkbox"/> Home phone <input type="checkbox"/> Work phone <input type="checkbox"/> Cell phone		
Level of Complaint I _____ (Head of Department)		
II _____ Robert Pearce _____ (Assistant Superintendent)		III: _____ Karen J. Wells _____ (Equity Coordinator)
Alleged Basis 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"/> Marital Status		

Section II	Explanation of Event
(Please provide a thorough description of events including names of witnesses. You may use an attachment if necessary):	

Section III	Remedy Sought

I attest that the above information is true and correct to the best of my knowledge.	
_____	_____
Complainant's Signature	Date