Nondiscrimination on the Basis of Disability

(Complaint Form)

Date: Click or tap here to enter text.

Name of complainant: Click or tap here to enter text.

School: Click or tap here to enter text.

Address: Click or tap here to enter text. Phone: Click or tap here to enter text.

* Please check here for allegations of sex-based discrimination and/or sexual harassment. (Note: Investigator will use investigation procedures consistent with allegations of sex-based discrimination and/or sexual harassment.)

Summary of alleged discrimination:

Click or tap here to enter text.

Name(s) of individual(s) committing alleged discrimination: Click or tap here to enter text.

Date(s) alleged discrimination occurred: Click or tap here to enter text.

Name(s) of witness(es) to alleged discrimination: Click or tap here to enter text.

If others are affected by the possible discrimination, please give their names:

Click or tap here to enter text.

Your suggestions regarding resolving the complaint: Click or tap here to enter text.

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Please describe any corrective action you wish to see taken with regard to the alleged discrimination. You may also provide other information relevant to this complaint.

Click or tap here to enter text.

Signature of complainant Date

Signature of person receiving complaint Date

Issued: October 26, 2011

Revised: August 19, 2020

Fountain-Fort Carson School District #8, Fountain, Colorado