

**INVESTIGATION REPORT ON THE ADMINISTRATION
OF FEDERAL PROGRAM ACTIVITIES**

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|-----------------------|-------------------------------|-------------------------|
| 1. Complainant | | C. Date complaint filed |
| A. Name and Title | B. Address (include ZIP code) | |

D. Description of alleged violation(s)

E. From the list below, identify (check) the areas in which the complainant indicates violations of Title I regulations

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| § A. Selection of attendance areas | § G. Services provided private school children | § K. Coordination of resources with other programs |
| § B. Needs assessment | § H. Evaluation of Title I projects | § L. Dissemination of public information on Title I programs |
| § C. Selection of Title I participants | § I. Services to children living in institutions for neglected or delinquent children | § M. Reporting requirements |
| § D. General aid | § J. Effect of Title I program on cultural or racial isolation | § N. Comparability |
| § E. Supplanting state and local funds | | § O. Other (specify) |
| § F. Involvement of parents | | |

FOR EACH AREA CHECKED, PROVIDE A DETAILED STATEMENT OF THE ESSENTIAL FACTS CONCERNING THE NATURE AND EXTENT OF THE VIOLATIONS. (If necessary, continue on attachments.)

Signature of Complainant

| | | | |
|--------------------------------------|----------------------------------|---|----------------|
| 2. School District | | C. Total LEA Title I allocation | D. Fiscal Year |
| A. Name | | | |
| B. Address (include ZIP code) | | E. Name of Title I project coordinator at school district | |
| F. Superintendent of school district | G. Population of school district | | |

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|---|--|---|-----|------|
| 3. Review Team | | B. Date of Investigation (beginning and ending) | | |
| A. Name and address of local officials conducting this investigation | | BEGINNING | | |
| | | Mo. | Day | Year |
| | | ENDING | | |
| | | Mo. | Day | Year |
| C. Identify all Title I documents reviewed (i.e., application proposal, evaluation reports, parental council records, fiscal control and accounting records, financial and audit reports, etc.) | | | | |
| D. Indicate action taken to insure proper resolution of the complaint and of any deficiencies noted during the investigation (if necessary, continue on attachments) | | | | |
| E. Describe corrective action, if any (if necessary, continue on attachments) | | | | |

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|---|-----------|-----------------------------|-----------|---------------|
| Type or print name of superintendent | | Signature of superintendent | | Date Signed |
| Name of person who prepared this report | Area Code | Telephone Number | Extension | Date Prepared |