

	ABERDEEN SCHOOL DISTRICT	NEPN Code: AC-E
	POLICIES AND REGULATIONS	

Equal Opportunity/Non-Discrimination Report Form

(This report form is to be used in filing complaints which fall under Board Policy AC and Regulation AC-R)

Name of Complainant _____

Street Address _____

City and State _____

Telephone: Work _____ Home _____

INCIDENT SUMMARY:

1. Date(s) of incident (s) _____

2. Description of incident(s) _____

3. Name(s) of person(s) involved in the incident(s) _____

4. Name(s) of any witness(es) to the incident(s) _____

5. What corrective action, if any, has been taken? _____

6. Requested resolution of the complainant _____

Signature of Complainant

Date

Signature of Administrator

Date

Signature of Parent (If Complainant is a Student)

Date

**WRITTEN RESPONSE TO THE COMPLAINANT AND ALLEGED OFFENDER MUST OCCUR WITHIN
TEN (10) WORKING DAYS OF COMPLETION OF THIS FORM BY THE PERSON CONDUCTING THE INVESTIGATION.**

ADOPTED: February 14, 2000

REVISED: January 23, 2006

REVIEWED: March 14, 2011

REVISED: March 9, 2015

REVIEWED: May 26, 2020