## **Associated School Boards of South Dakota**

## **Policy Reference Manual**

NEPN Code: AC-E(1)

## NONDISCRIMINATION IN FEDERAL PROGRAMS COMPLAINT REPORT FORM

Date Form Completed:
Form Completed by:
Person Filing the Complaint (Complainant):
Address/Phone # of Complainant:
Employee Involved:
Nature of Complaint: The person making the complaint shall with specificity identify the basis of the complaint (i.e., what, when, where, witnesses, and any other pertinent information.
(use additional sheets if necessary).