

**FEDERAL PROGRAMS
COMPLAINT RESOLUTION**

Any parent, individual, or organization with a complaint that the district is violating a federal statute or regulation with regard to a federal program at Justus-Tiawah Schools may make the complaint known to the superintendent of schools in written form by filling out part I of the form, "Investigation Report on the Administration of Federal Program Activities." Within 30 days of receipt of the complaint, Justus-Tiawah Schools will conduct an investigation of the allegations. The investigation shall include opportunities for the complainant or the complainant's representative to present evidence and question witnesses. Subsequent to the investigation, a report of findings will be filed with the State Department of Education and the complainant.

If the complaint has not been resolved to the satisfaction of the complainant, a hearing shall be conducted by the Board of Education within 30 days of receipt of written request for such a hearing. The hearing shall include opportunities for the complainant or complainant's representative to present evidence and question witnesses.

The complainant has the right to appeal the decision of the Justus-Tiawah Schools to the State Department of Education, Compensatory Education Section, Oklahoma City, Oklahoma 73105.

A complaint made directly to the State Department of Education (SDE) without previously being filed with this school district will be reviewed by the SDE to determine if an investigation is warranted by the SDE because of the seriousness of the complaint or if the complaint shall be returned to the complainant to be filed with this school district. Complaints forwarded to this district shall be investigated within 30 days of receipt of the complaint by this district.

Legal reference: 34 C.F.R. § 299.10

DISCRIMINATION COMPLAINT FORM

TO: Title IX/504/ADA Coordinator - High School Principal
Alternate Coordinator - Middle School Principal

FROM: Name of Grievant _____
Address/Telephone # _____

DATE OF ALLEGED VIOLATION: _____

NATURE OF ALLEGED VIOLATION:

NAMES OF PERSONS RESPONSIBLE:

REQUESTED ACTION:

Date Complaint Filed With Coordinator: _____

Please use reverse of this form or attach additional sheets if necessary.

(Complaint must be submitted within 30 days of alleged violation.)