# Complaint Form

## District Contact:
Superintendent of Schools
District Office, 2900 Southern Avenue
421-5950

Building Principal/Supervisor:

Parsons USD 503 Board of Education policies prohibit discrimination on the basis of race, color, national origin, disability, religion and sex in all programs and activities of the district. Additionally, discrimination on the basis of age is prohibited in employment. Harassment of individuals on any of these grounds is strictly prohibited.

## Name of Complainant

**Address**

**Telephone**

**Date**

## Nature of Complaint:
I believe that I have been subjected to discrimination on the basis of:

- **Race**
- **Gender**
- **Age**
- **Color**
- **Sexual Harassment**
- **Religion**
- **National Origin**
- **Disability**
- **Racial Harassment**

Please describe the incident or act. Also, please include information about:

- What was the nature of the incident?
- When did it occur?
- Where did it occur?
- What effect did the incident have on you?
- Who was involved?

(Attach Additional Sheets if Necessary)

Were there any witnesses to this incident?  

- [ ] Yes  
- [ ] No  

If yes, please indicate who the witnesses were.

What action do you think the school should take regarding this incident?

If this matter proceeds to a formal or informal hearing, will you appear and testify as to your knowledge of the matter?  

- [ ] Yes  
- [ ] No

Complainant's Signature

**Date**
Initial Action Taken by Supervisor:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Supervisor’s Signature ___________________________________________ Date ________________

Notification: By: Date:

☐ Police Department ___________________________ _______________________

☐ Superintendent of Schools ___________________________ _______________________

☐ Board of Education ___________________________ _______________________

Review of Complaint Follow-Up:

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Signature ___________________________________________ Date ________________