

**Nondiscrimination on the Basis of Disability
(Complaint Form)**

Date: _____

Name of complainant: _____ Title: _____

School: _____

Address: _____

Phone: _____

Summary of alleged discrimination:

Name(s) of individual(s) committing alleged discrimination:

Date(s) alleged discrimination occurred: _____

Name(s) of witness(es) to alleged discrimination: _____

If others are affected by the possible discrimination, please give their names: _____

Your suggestions regarding resolving the complaint: _____

Please describe any corrective action you wish to see taken with regard to the alleged discrimination. You may also provide other information relevant to this complaint. _____

Signature of complainant

Date

Signature of person receiving complaint

Date

Revised: January 3, 2020

Return Form To:
Shawn Ehnes
102 West 6th Street
Julesburg, CO 80737
970-474-3365 ehnes@julesburg.org

Julesburg School District Re-1, Julesburg, Colorado