

LOWVILLE ACADEMY  
CIVIL RIGHTS COMPLIANCE - CONCERN FORM



Name of person reporting concern: \_\_\_\_\_

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Employee: \_\_\_\_\_

Date: \_\_\_\_\_

Other: \_\_\_\_\_

Date: \_\_\_\_\_

**Dates, time and place of incident:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Individual(s) involved in the incident:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_  
(Teacher, school administrator, support staff, student, other)

Name: \_\_\_\_\_

Title: \_\_\_\_\_  
(Teacher, school administrator, support staff, student, other)

Name: \_\_\_\_\_

Title: \_\_\_\_\_  
(Teacher, school administrator, support staff, student, other)

**Which of the following best describes the concern (Please circle)?**

Other: \_\_\_\_\_

**Description of the incident (Please include as much detail as possible):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Witnesses (If any):**

\_\_\_\_\_  
\_\_\_\_\_

**What type of relief would you like to see as a result of the investigation?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of person reporting concern:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

*The written request should be forwarded by yourself or the administrator assisting you to a district Civil Rights Compliance Officer or to the Principal of the school. If forwarded to the Principal, he/she will forward the concern to a district Civil Rights Compliance Officer.*