



*Buena Vista School District*

**AC-E-2**

**Nondiscrimination/Equal Opportunity**  
(Complaint Form)

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

Name of complainant: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please check here for allegations of sex-based discrimination and/or sexual harassment.  
(Note: Investigator will use investigation procedures consistent with allegations of sex-based discrimination and/or sexual harassment).

Summary of alleged unlawful discrimination or harassment:

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Name(s) of individual(s) allegedly engaging in prohibited conduct:

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Date(s) alleged prohibited conduct occurred:

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Name(s) of witness(es) to alleged prohibited conduct:

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If others are affected by the possible unlawful discrimination or harassment, please give their names:

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Your suggestions regarding resolving the complaint: \_\_\_\_\_

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

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\_\_\_\_\_  
Signature of complainant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person receiving complaint

\_\_\_\_\_  
Date

Return this form to Lisa Yates, Superintendent, Title IX Coordinator at [lyates@bvschools.org](mailto:lyates@bvschools.org) and 719.395.7005