

**INVESTIGATION REPORT ON THE ADMINISTRATION  
OF ESEA TITLE I PROGRAM ACTIVITIES**

<b>1. Complainant</b>		C. Date complaint filed
A. Name and Title	B. Address (include ZIP code)	

D. Description of alleged violation(s)

E. From the list below, identify (check) the areas in which the complainant indicates violations of Title I regulations

- |  |   |  |
|--|---|--|
| § A. Selection of attendance areas     | § G. Services provided private school children  | § K. Coordination of resources with other programs           |
| § B. Needs assessment                  | § H. Evaluation of Title I projects   | § L. Dissemination of public information on Title I programs |
| § C. Selection of Title I participants | § I. Services to children living in institutions for neglected or delinquent children | § M. Reporting requirements                                  |
| § D. General aid                       | § J. Effect of Title I program on cultural or racial isolation                        | § N. Comparability   |
| § E. Supplanting state and local funds |   | § O. Other (specify)   |
| § F. Involvement of parents            |   |  |

FOR EACH AREA CHECKED, PROVIDE A DETAILED STATEMENT OF THE ESSENTIAL FACTS CONCERNING THE NATURE AND EXTENT OF THE VIOLATIONS. (If necessary, continue on attachments.)

\_\_\_\_\_  
Signature of Complainant

<b>2. School District</b>		C. Total LEA Title I allocation	D. Fiscal Year
A. Name			
B. Address (include ZIP code)		E. Name of Title I project coordinator at school district	
F. Superintendent of school district	G. Population of school district		

<b>3. Review Team</b>		B. Date of Investigation ( <i>beginning and ending</i> )		
A. Name and address of local officials conducting this investigation		BEGINNING		
		Mo.	Day	Year
		ENDING		
		Mo.	Day	Year
C. Identify all Title I documents reviewed ( <i>i.e., application proposal, evaluation reports, parental council records, fiscal control and accounting records, financial and audit reports, etc.</i> )				
D. Indicate action taken to insure proper resolution of the complaint and of any deficiencies noted during the investigation ( <i>if necessary, continue on attachments</i> )				
E. Describe corrective action, if any ( <i>if necessary, continue on attachments</i> )				

Type or print name of superintendent	Signature of superintendent			Date Signed
Name of person who prepared this report	Area Code	Telephone Number	Extension	Date Prepared