

THE SCHOOL BOARD OF NASSAU COUNTY

DISCRIMINATION COMPLAINT FORM

Return to: Tia Brown, Director, Professional and Staff Development
Nassau County School District 1201 Atlantic Avenue Fernandina Beach, FL 32034
Tel: (904) 491-9888 or Fax: (904) 277-9044 or Email: brownti@nassau.k12.fl.us

Directions: The complainant should provide all requested information at the top of the form and in Levels I and II.

COMPLAINANT'S NAME:

MAILING ADDRESS:

TELEPHONE: EMAIL ADDRESS:

Place "X" in appropriate box:

The complainant is a: student employee parent applicant other:

LEVEL I: MEETING WITH SCHOOL OR BUILDING SITE SUPERVISOR
(Optional)

An informal discussion: was held on OR was not held.
(Date)

IF HELD, LIST ALL PERSONS PRESENT AT THE INFORMAL DISCUSSION:

LEVEL II: MEETING WITH EQUITY COORDINATOR

STATEMENT OF COMPLAINT: Describe the complaint fully, giving place, time, date, persons involved. (may be verbal or in writing on a separate document.)

RELIEF SOUGHT: Specify requested action, person(s) involved.

LEVEL III: EQUITY COORDINATOR INVESTIGATION AND FINDINGS

DATE RECEIVED BY EQUITY COORDINATOR:

ACTION TAKEN:

I am aware of the action taken by the Equity Coordinator. I understand that I may seek further action in the form of a review of this complaint by the Superintendent.

SIGNATURE OF COMPLAINANT DATE

LEVEL IV: REVIEW BY SUPERINTENDENT AT COMPLAINANT REQUEST

DATE RECEIVED BY THE SUPERINTENDENT:

ACTION TAKEN: