

**THE SCHOOL BOARD OF NASSAU COUNTY  
DISCRIMINATION COMPLAINT FORM**

Return to: Joyce Menz, Director, Office of Staff and Program Development  
Nassau County School District 1201 Atlantic Ave. Fernandina Beach, FL 32034  
Tel: (904) 491-9888 or Fax: (904) 277-9044 or Email: joyce.menz@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: