



The School District of Lee County EQUITY COMPLAINT

All complaints should be submitted on this form to the School Equity Coordinator. *Please print.*

1. Name of Person Filing Complaint: _____
Street Address: _____
City: _____ Phone Number: _____

2. What do you believe was the reason for the discriminatory or harassing treatment?
(Check one or more)
Race or Color: ____ Religion: ____ Handicap: ____ Sex: ____ National Origin: ____

3. Check one and provide information:

Student: _____ Where: _____ Grade: _____
(School)

Employee: _____ Where: _____ Position: _____
(School or Department)

4. Have you filed this complaint with any other agency?
Yes _____ No _____ (If yes, name of agency and date filed below)

5. Explain the discriminatory or harassing act that occurred. If the complaint involves a policy, explain how and why it discriminates. Please provide a short statement in your own words. You may write on the back of this page, if needed.

I swear, or affirm, that I have read the above complaint and that it is true to the best of my knowledge and belief.

SIGNATURE (Person Filing Complaint)

DATE