

ALLIANCE CHARTER ACADEMY
AC-AR - DISCRIMINATION COMPLAINT FORM

Date:		
Name of Person Filing Complaint:		
Contact Info:		
Position:	<input type="checkbox"/> Student <input type="checkbox"/> Parent <input type="checkbox"/> Employee	<input type="checkbox"/> Job Applicant <input type="checkbox"/> Other:

Nature of complaint:	<input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> Religion <input type="checkbox"/> Sex <input type="checkbox"/> National or ethnic origin <input type="checkbox"/> Mental or physical disability <input type="checkbox"/> Marital status <input type="checkbox"/> Familial status <input type="checkbox"/> Economic status <input type="checkbox"/> Veterans' status	<input type="checkbox"/> Age <input type="checkbox"/> Sexual orientation <input type="checkbox"/> Gender identity <input type="checkbox"/> Pregnancy <input type="checkbox"/> Income level <input type="checkbox"/> Athletic ability <input type="checkbox"/> Proficiency in English language <input type="checkbox"/> Discriminatory use of a Native American mascot <input type="checkbox"/> Other:
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Specific complaint: <i>Please provide detailed information including names, dates, places, activities and results of discussion.</i>	
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Who should we talk to and what evidence should we consider?	
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Suggested solution/ resolution/ outcome:	
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This complaint form should be mailed or submitted by electronic mail. Additional pages can be attached.

Direct complaints related to educational programs and services may be made to the U.S. Department of Education, Office for Civil Rights. Direct complaints related to employment may be filed with the Oregon Bureau of Labor and Industries, Civil Rights Division or the U.S. Department of Labor, Equal Employment Opportunities Commission.