

AC-E ©

EXHIBIT

NONDISCRIMINATION / EQUAL OPPORTUNITY

COMPLAINT FORM

(To be filed with the compliance officer as provided in AC-R)

Please print:

Name _____ Date _____

Address _____

Telephone _____ Another phone where you can be reached _____

During the hours of _____

E-mail address _____

I wish to complain against:

Name of person, school (department), program, or activity _____

Address _____

Specify your complaint by stating the problem as you see it. Describe the incident, the participants, the background to the incident, and any attempts you have made to solve the problem. Be sure to note relevant dates, times, and places.

If there is anyone who could provide more information regarding this complaint, please list name(s), address(es), and telephone number(s).

Name

Address

Telephone Number

The projected solution

Indicate what you think can and should be done to solve the problem. Be as specific as possible.

I certify that this information is correct to the best of my knowledge.

Signature of Complainant

The compliance officer, as designated in AC-R, shall give one (1) copy to the complainant and shall retain one (1) copy to the complainant and shall retain one (1) copy for the file.