

UNITED STATES DEPARTMENT OF EDUCATION
OFFICE FOR CIVIL RIGHTS

DISCRIMINATION COMPLAINT FORM

(This form is not required to file a complaint with OCR. However, the information requested in items 1-5 must be provided for all complaints, whether or not the form is used.)

1. Name of person filing this complaint:

NAME (Mr./Ms.) _____
(Last) (First) (Middle)

ADDRESS _____

CITY & STATE _____
(ZIP)

PHONE NO. _____ HOME
(Area Code)
_____ WORK
(Area Code)

2. Name of person discriminated against (if other than person filing):

NAME (Mr./Ms.) _____
(Last) (First) (Middle)

ADDRESS _____

CITY & STATE _____
(ZIP)

PHONE NO. _____ HOME
(Area Code)
_____ WORK
(Area Code)

3. OCR investigates discrimination complaints against institutions and agencies which receive funds from the U.S. Department of Education. Please identify the institution or agency that discriminated against you. If OCR cannot take your complaint, it may refer it to the appropriate agency.

NAME (Mr./Ms.) _____

ADDRESS: _____ 15579 Eighth Street _____

CITY & STATE/ZIP _____ Victorville, CA 92392-9062 _____

DEPT OR SCHOOL _____ Victor Elementary School District _____

4. The laws OCT enforces prohibit discrimination because of race, color, national origin, sex, disability, or age. Please indicate whether the complaint addresses student services or employment (or both) and complete the appropriate category(ies) under basis:

BASIS (Check one or more and specify for each item checked.)

Grounds on which you feel you were discriminated against:

_____ Student Services	_____ Race/Color _____
	_____ National Origin _____
	_____ Sex _____
	_____ Disability _____
	_____ Age _____

_____ Employment	_____ Race/Color _____
	_____ National Origin _____
	_____ Sex _____
	_____ Disability _____
	_____ Age _____

5. If you feel you were discriminated against on another basis for which OCR does not have jurisdiction you may indicate it here and it will be glad to forward your complaint to the appropriate agency if it can.

OCR may forward any portion of this complaint to all appropriate enforcement agencies. _____

6. What is the most recent date you were discriminated against?

7. If this date is more than 180-days ago, please explain why you waited until now to file your complaint.

8. When did the alleged discrimination begin? _____

9. When and in what way did you first become aware that the treatment, act, or decision was discriminatory.

10. Have you tried to resolve your complaint with the institution through an Internal grievance procedure?

YES _____ NO _____

If you answered yes, please give OCR the name of the grievance procedure, and tell OCR the status of your complaint at this time.

11. The laws OCR enforces prohibit institutions receiving Department of Education fund from retaliating, harassing, or intimidating persons for taking action or participating in an action to secure rights protected by Title VI, Title IX, Section 504, the Americans with Disabilities Act, or the Age Discrimination Act. If you feel that you have been harassed, intimidated or retaliated against please explain how and when this took place in your statement. Be sure to explain what action you took on your own behalf, or for someone else, to protect yourself or others from discrimination on the bases of race, color, national origin, sex, disability, or age, and describe how and when the institution learned or your action.

12. In your own words, describe what happened, when it happened, and who was responsible. (Attach additional pages if necessary.)

13. If you have filed this complaint with any other Federal, State, or local civil rights agency, or any Federal or State court, please give details and dates. OCR will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

AGENCY OR COURT:

DATE FILED:

RESULT OF INVESTIGATION/FINDINGS BY AGENCY:

13. If you have filed with another agency, do you intend to do so.

YES _____ NO _____ (Unless it is deemed necessary.)

NAME OF AGENCY:

ADDRESS:

CITY & STATE:

16. Have you (or the person you are filing this complaint for) ever filed a complaint with OCR before?

YES _____ NO _____

17. While it is not necessary for you to know about money that the institution you are filing against receives from the Federal government, if you know of any Education Department funds received by the program or department in which the alleged discrimination occurred, please provide this information below.

Federal funds are received by the Victor Elementary School District.

18. OCR cannot accept your complaint if it has not been signed. Please sign and date your complain below.

(Date)

(Signature)

19. If OCR can not reach you at your home or work, OCR would like to have the name and telephone number of another person (relative or friend) who knows where and when OCR can reach you. This information is not required but it will be helpful to OCR.

NAME: _____

TELEPHONE NUMBERS: HOME () _____ WORK () _____

20. OCR has a procedure available which is quicker than an investigation. In this process, call Early Complaint Resolution (ECR), OCR attempts to help the complainant and the institution reach an agreement to settle the complaint. OCR does not use ECR if class issues are involved (if more than one individual is alleged to have been harmed). In addition, both the complainant and the institution must want to take part in the mediation. ECR is generally limited to approximately 25 days, and the complainant, the institution, or OCR may end the ECR process if it appears that an agreement can not be reached. If this happens, OCR will investigate the complaint. One of the primary benefits of this process is that it may be possible to resolve your complain quickly, without the need for an investigation.

If OCR feels that mediation of your complaint is appropriate, are you interested in having OCR mediate your complaint?

YES _____ NO _____

If OCR determines ECR may be appropriate, OCR will contact you to discuss our ECR procedures in detail. If you requested this complaint form and OCR felt ECR may be appropriate based upon information you gave OCR, OCR may have attached ECR participation forms to this complaint form. If OCR did and you are interested in ECR, please sign and return the ECR and Privacy Act forms when you send OCR this complaint form.