

McMINNVILLE SCHOOL DISTRICT
EQUAL EDUCATIONAL OPPORTUNITY
DISCRIMINATION COMPLAINT

Person Filing Complaint

Date of Event

Street

City, State, Zip

Persons Involved:

I believe a discriminatory act occurred because of a student's:

Race

National Origin

Religion

Sex

Parental Status

Age

Disability

Marital Status

Other

Specific Complaint: (Please provide detailed information including the results of discussions with your supervisor or administrator.)

Remedy Requested: