

CODCA NON-DISCRIMINATION FORMAL COMPLAINT FORM

PURPOSE: The purpose of this grievance formal complaint form is to gather the essential basic facts of alleged actions in order that, prompt and equitable resolutions of complaints based on sex discrimination (including complaints of sexual harassment or sexual violence) in violation of Title IX of the Education Amendments of 1972; race, color, national origin or age of Title VI of the Civil Rights Act of 1964; or on disability of Section 504 and Title II, can be resolved as expediently and appropriately as possible.

This form applies to complaints alleging discrimination prohibited by Title IX (including sexual harassment and sexual violence), Title VI, Section 504 and Title II. Complaints of discrimination, brought forth by students, parents/guardians, current or prospective employees, and other members of the school community will be promptly investigated in an impartial and in as confidential a manner as reasonably possible, so that corrective action can be taken if necessary. A "formal complaint" is a document filed by a complainant or signed by the Non-Discrimination Coordinator alleging discrimination against a respondent and requesting that the school investigate the allegation of discrimination.

INSTRUCTIONS: Individuals alleging discrimination through a formal complaint and requesting review are required to complete this form and submit it to the appropriate administrator as soon as possible after the occurrence of the alleged discrimination. However, it should be noted, there is no time limit or statute of limitations on a complainant's decision to file a formal complaint.

Contact the CODCA Non-Discrimination Coordinator:
Adelita Shepherd, 303.399.4702, ashepherd@k12.com,
8601 Turnpike Dr., Suite 100, Westminster, CO 80031

FORMAL COMPLAINANT STATEMENT

Name (and Grade or Position) of Complainant:

Home Address/City/State/Zip/Home Phone/Email:

Type of Discrimination Appeal Filing

Place an X in the box(s) pertaining to the specific grievance filing:

<input type="checkbox"/> Title IX [Title IX (34 C.F.R. § 106.8(b))] No person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to	<input type="checkbox"/> Section 504 and Title II [(34 C.F.R. § 104.8(a)) and (28 C.F.R. § 35.107(a))] Section 504 of the Rehabilitation Act of 1973 prohibits discrimination based on disability in any program or activity operated by recipients of federal
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<p>discrimination under any education program or activity receiving Federal financial assistance.</p> <div data-bbox="203 352 276 420" style="border: 1px solid black; height: 32px; width: 45px; margin: 10px 0;"></div> <p>Title VI [Title VI (34 C.F.R. § 100.3(a))] Simple justice requires that public funds, to which all taxpayers of all races [colors, and national origins] contribute, not be spent in any fashion which encourages, entrenches, subsidizes or results in racial [color or national origin] discrimination.</p>	<p>funds. Title II of the Americans with Disabilities Act of 1990 (ADA) prohibits discrimination based on disability by public entities, regardless of whether they receive federal financial assistance.</p>
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1. Nature of Grievance: Please describe the action you believe may violate one or more of the Titles/Section listed above and identify with reasonable particularity any person(s) you believe may be responsible. Please attach additional sheets, if necessary:

2. When did the actions described above occur?

3. Are there any witnesses to this matter?

(Please check a box)

☐

Yes

☐

No

4. If yes, please identify the witnesses:

5. Did you discuss this matter with any of the witnesses identified in Item 4?

(Please check a box)

☐

Yes

☐

No

6. If yes, please identify:

Date:
Person to whom you have spoken:
Method of communication:

7. Have you spoken to any District or School employee(s) about this matter?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If yes, please identify:

Date:
Person to whom you have spoken:
Method of communication:

8. Please describe the result of the discussion(s) identified in Item 7:

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9. Please provide any additional information that would be important to this complaint:

PLEASE ATTACH ANY STATEMENTS, NAMES OF WITNESSES, REPORTS, OR OTHER DOCUMENTS WHICH YOU FEEL ARE RELEVANT TO YOUR COMPLAINT.

I certify that the foregoing information is true and correct.

Print Name: _____

Signature: _____

Date: _____

Acknowledgement of Formal Complaint Form

Non-Discrimination Coordinator Name: _____

Non-Discrimination Coordinator Signature: _____

