



Equity Office
3074 Hickory Valley Road
Chattanooga TN 37421
(423) 498-7104

Complaint/Report Form

Date _____

Student Name _____ Parent Name _____

Home Address _____

Work Address _____

Home Phone _____ Cell Phone _____

School _____

Last Date of Alleged Incident(s): _____

What is the basis of your complaint: Please check all that apply, and specify the race, color, national origin, gender, disability, or status of the person alleged to have suffered the discrimination:

Race _____

Gender _____

National Origin _____

Color _____

Handicap or Disability _____

McKinney Vento Act _____

Name of person you believe unlawfully discriminated toward you or a student:

If the alleged unlawful discrimination was toward another person, identify that person:

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used; any verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved; etc. (attach additional pages if necessary): _____

Where and when did the incident occur: _____

List any witnesses that were present: _____

This complaint is filed based on my honest belief that _____ has unlawfully discriminated against me or a student on the basis of _____. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

(see HCDE policy 5.500/6.503 for complaint process and procedures)

**McKinney Vento denial has the right to appeal to TDOE within ten days **

(Complainant Signature)

(Date)