

**BROOKFIELD LOCAL SCHOOL DISTRICT
COMPLAINT FILING FORM**

DATE: ____/____/____

Name of Aggrieved Person: _____

Address: _____

School: _____

Name of Complainant (Print): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Nature of your grievance: (Please describe the policy or action you believe may be in violation of title II, title VI, Title IX or Section 504. Please also identify the person(s) who you believe may be responsible.)

If others are affected by the possible violation, please give their names and/or positions:

Signature of Complainant

Date

<u>THIS FORM SHOULD BE SENT WITHIN THIRTY (30) CALENDAR DAYS OF THE ALLEGED VIOLATION TO:</u>
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District Compliance Officer
Brookfield Local School District
614 Bedford Road SE
Brookfield, Ohio 44403

Board of Education Use Only:

Person receiving grievance: _____ Date: ____/____/____