

Crook County School District

Code: JB-AR(1)
Adopted: 10/10/16
Revised/Readopted: 1/13/20
Orig. Code: JB-AR

Equal Education Opportunity Complaint Form

Parents and/or Students

Person Making the Complaint: _____ student parent

School: _____

Phone & E-Mail Address: _____

Complaint is about (check one):



<input checked="" type="checkbox"/>	INDIVIDUAL CLASSROOM OPERATIONS AND PROCEDURES
<input type="checkbox"/>	ATHLETICS
<input type="checkbox"/>	INDIVIDUAL SCHOOL OPERATIONS, PROCEDURES OR PROGRAMS
<input type="checkbox"/>	SPECIAL EDUCATION OR TALENTED AND GIFTED PROGRAMS
<input type="checkbox"/>	EMPLOYMENT PRACTICES OR EMPLOYEE CONDUCT
<input type="checkbox"/>	SAFETY, INSURANCE, FACILITIES, MAINTENANCE, STUDENT TRANSPORTATION, FOOD SERVICE OR BUSINESS PRACTICES
<input type="checkbox"/>	CRIMINAL ACTS OR STATE AND FEDERAL STANDARDS

Description of Complaint:

Remedy Sought:

Signature

Date