



Kathleen Rodden-Nord, Ph.D.  
SUPERINTENDENT

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<http://www.junctioncity.k12.or.us>

## DISCRIMINATION COMPLAINT FORM

<i>Name of Person Filing Complaint</i>	<i>Date</i>	<i>School or Activity</i>
Student/Parent _____	Employee _____	Non-employee _____ (Job applicant)

Type of Discrimination:

<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> Religion
<input type="checkbox"/> Sex	<input type="checkbox"/> National Origin	<input type="checkbox"/> Disability
<input type="checkbox"/> Marital Status	<input type="checkbox"/> Age	

Specific Complaint: (Please provide detailed information including names, dates, places, activities, and results of informal discussion.)

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Remedy Requested: \_\_\_\_\_

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<i>Complainant Signature</i>	<i>Date</i>	<i>Building Principal Signature</i>	<i>Date</i>
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***The complaint form should be mailed or taken to the building principal.***

<b>Approved: <u>Kathleen Rodden-Nord</u></b> <i>Superintendent</i>	<b><u>November 22, 2010</u></b> <i>Date</i>
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