## **Big Spring School District Complaint Form**

The purpose of this form is to assist you in filing a complaint with Big Spring School District. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items bolded and marked with a star (\*) must be provided, whether or not the form is used.

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Address:					<u>-</u>
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numl your	e will not be able to reach you directly, you may wish to give us the name and ber of a person who can tell us how to reach you and/or provide information a complaint:  e:	-
Tel. l	No.( )	
pleas Nam	u have an attorney representing you concerning the matters raised in this come provide the following: e:	-
Addr	'ess:	
Telep	phone No.: ( )	
*To	your best recollection, on what date(s) did the alleged discrimination tak	e p
Faul		
	iest date of discrimination.	
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Name:Address:	
Do you have any other information that you think is relevant to our investig allegations?  What remedy are you seeking for the alleged discrimination?  Have you (or the person discriminated against) filed the same or any other other offices of the U.S. Government (including U.S. Department of Agricu Yes No	ation of you
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If so, do you remember the Complaint number?	-
Which agency and department or program was it filed with?	
Address: (Include City, State, and Zip Code)	
Telephone No.: ( )	
Date of Filing:	

What	was the result?
	you filed or do you intend to file a charge or complaint concerning the matters racomplaint with any of the following?
	U.S. Equal Employment Opportunity Commission  Federal or State Court
	complaint with any of the following?  U.S. Equal Employment Opportunity Commission
in this If you	Complaint with any of the following?  U.S. Equal Employment Opportunity Commission  Federal or State Court  Your State or local Human Relations/Rights Commission  Grievance or complaint office
in this  ———————————————————————————————————	Complaint with any of the following?  U.S. Equal Employment Opportunity Commission  Federal or State Court  Your State or local Human Relations/Rights Commission  Grievance or complaint office  have already filed a charge or complaint with an agency indicated in #15, above provide the following information (attach additional pages if necessary):  y:
in this  ———————————————————————————————————	U.S. Equal Employment Opportunity Commission  Federal or State Court  Your State or local Human Relations/Rights Commission  Grievance or complaint office  have already filed a charge or complaint with an agency indicated in #15, above provide the following information (attach additional pages if necessary):  y:
in this  ———————————————————————————————————	Complaint with any of the following?  U.S. Equal Employment Opportunity Commission  Federal or State Court  Your State or local Human Relations/Rights Commission  Grievance or complaint office  have already filed a charge or complaint with an agency indicated in #15, above provide the following information (attach additional pages if necessary):  y:
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Comments:	
filing against receives from the Federa	ow about aid that the agency or institution you I government, if you know of any Food and Nuy the program or department in which the allege that information below.
* We cannot accept a complaint if it complaint form below.	has not been signed. Please sign and date th
Signature	

Please feel free to add additional sheets to explain the present situation to us.

We will need your consent to disclose your name, if necessary, in the course of any investigation. Therefore, we will need a signed Consent Form from you. (If you are filing this complaint for a person whom you allege has been discriminated against, we will in most instances need a signed Consent Form from that person.) See the Notice about Investigatory Uses of Personal Information for information about the Consent Form. Please mail the completed, signed Discrimination Complaint Form and the signed Consent Form (please make one copy of each for your records) to:

USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individual who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).