

Discrimination Complaint Form

Name of Person Filing C	omplaint (not red	quired):		Date:
Relationship to KNOVA:	Student/Parent	□ Employee □	Nonemployee □ (Job applicant)	Other \square
Type of discrimination:	□ Race	□ Color	□ Religion	
	□ Sex	□ National Origin	□ Disability	
	□ Marital Status	□ Age	□ Sexual Orientation	
	□ Income level	□ Athletic ability □	□ Proficiency in English language	
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Specific complaint: (Plea	se provide detaile	d information includ	ling names, dates, places, activities	s. and results of discussion

The remedy requested: The complaint form should be mailed or taken to the school receptionist who will convey Direct complaints about educational programs and services may be made to the U.S. Department of Education and the Office for Civil Rights. Direct complaints related to employment may be filed with the Oregon Bureau of Labor and Industries, Civil Rights Division, or the U.S. Department of Labor, Equal Employment Opportunities Commission.