



Clarksville-Montgomery County School System Student Discrimination Complaint Form (HUM-F095)

Students may use this process to file allegations of discrimination on the basis of sex, race, color, creed, national origin, religion, sexual orientation, or disability condition against the Clarksville-Montgomery County Board of Education or any person or program under the jurisdiction of the board. The complaint procedures are designed to provide a systematic, local protocol for the resolution of complainant's and does not supersede the complainant's right to file charges directly with any federal, state, or local agency.

Note: We are asking for the following information to assist us in processing your complaint. If you need help in completing this form please let us know.

1. Complainant's Name: _____

Address: _____

City, State and Zip Code: _____

Email address: _____

Telephone Number: _____

2. Person discriminated against (if someone other than the complainant)

Name: _____

Address: _____

City, State and Zip Code: _____

3. What is the name and location of the institution or agency or person(s) that you believe discriminated against you?

Name: _____

Address: _____

City, State and Zip Code: _____

4. Which of the following best describes the reason you believe the discrimination took place?
Was it because of your:

☐ Race ☐ Color ☐ Creed ☐ National Origin ☐ Religion

☐ Sexual Orientation ☐ Disability ☐ Sex

☐ Other _____

5. When did the alleged discrimination take place? Date(s) _____



**Clarksville-Montgomery County School System
Student Discrimination Complaint Form (HUM-F095)**

6. In your own words, describe the alleged discrimination. Explain what happened and whom you believe was responsible: _____

7. Identify any witness(es) or bystander(s) who may have knowledge. Please provide name(s) and contact information, if known. _____

8. Please sign below. You may attach any written material or other information that you think is relevant to your complaint.

Complainant's signature

Date

To be completed if complaint is made verbally and recorded by agency (school system) personnel.

Signature of person receiving complaint

Date



**Clarksville-Montgomery County School System
Student Discrimination Complaint Form (HUM-F095)**

FOR INTERNAL USE ONLY

1. Complaint received by Title VI Coordinator: _____

2. Notice of complaint sent to person(s) against whom complaint if made: _____

3. Date(s) of investigation interviews: _____

4. Date complainant is notified of findings/resolution: _____

5. Date appeal filed (if applicable): _____

6. Date appeal conducted (if applicable): _____

7. Decision rendered by Director of Schools: _____

NOTES: