CALHOUN C.U.S.D. 40 SCHOOL DISTRICT COMPLAINT PROCEDURES FORM

REFERENCE: CALHOUN 40 BOARD POLICY 7:20 AND 5:20

Last Name	First Na	me/MI		
Student Name (if applicable)		Grade _	Date of Birth	
Street Address/Apt. #				
City		State	Zip Code	
Home Phone	Cell Phone		Work Phone	
School of Alleged Violation	n			
For allegation(s) of noncoapplicable:	mpliance, please check the progra	m or activ	vity referred to in your complaint, if	
Custodial Services	☐ Academic Services		☐ Special Education Services	
☐ Extra-Curricular/Sports	☐ School Nutrition Ser	rvices		
For allegation(s) of unlawful discrimination/harassment, please check the basis of the unlawful discrimination/harassment described in your complaint, if applicable:				
□ Age	☐ Ethnic Group Identification		Religion	
☐ Ancestry	Sex (Actual or Perceived)		G ender	
□ Color	■ Sexual Orientation (Actual or Perceiv	/ed)	National Origin	
Race	Disability (Mental or Physical)			
☐ Based on association with a person or group with one or more of these actual or perceived characteristics.				
	complaint. Provide details such as the net helpful to the complaint investigator.			

COMPLAINT PROCEDURES FORM

	ught your complaint to any Calhoun 40 School District personnel? If you
have, to whom did you take the complaint, an	id what was the result?
3. Please provide copies of any written docum	ments that may be relevant or supportive of your complaint.
I have attached supporting documents:	Tes Ino
Signature	Date
Mail complaint and any relevant do	cuments to:
Calho	oun C.U.S.D. 40 Superintendent
Cumo	101 Calhoun Avenue
	PO Box 387
	Hardin, IL 62047
Т	Telephone: (618) 576-2341