

CALHOUN C.U.S.D. 40 SCHOOL DISTRICT

# COMPLAINT PROCEDURES FORM

REFERENCE: CALHOUN 40 BOARD POLICY 2:260, 7:20 AND 5:20

Last Name \_\_\_\_\_ First Name/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 \_\_\_\_\_

**For allegation(s) of noncompliance, please check the program or activity referred to in your complaint, if applicable:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Custodial Services      | <input type="checkbox"/> Academic Services         | <input type="checkbox"/> Special Education Services |
| <input type="checkbox"/> Extra-Curricular/Sports | <input type="checkbox"/> School Nutrition Services |   |

**For allegation(s) of unlawful discrimination/harassment, please check the basis of the unlawful discrimination/harassment described in your complaint, if applicable:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Age _____      | <input type="checkbox"/> Ethnic Group Identification _____              | <input type="checkbox"/> Religion _____        |
| <input type="checkbox"/> Ancestry _____ | <input type="checkbox"/> Sex (Actual or Perceived) _____                | <input type="checkbox"/> Gender _____          |
| <input type="checkbox"/> Color _____    | <input type="checkbox"/> Sexual Orientation (Actual or Perceived) _____ | <input type="checkbox"/> National Origin _____ |
| <input type="checkbox"/> Race _____     | <input type="checkbox"/> Disability (Mental or Physical) _____          |  |
- ☐ Based on association with a person or group with one or more of these actual or perceived characteristics.

## Nature of Complaint

1. Please give facts about the complaint. Provide details such as the names of those involved, dates, whether witnesses were present, etc., that may be helpful to the complaint investigator. Attach additional sheets if necessary.

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COMPLAINT PROCEDURES FORM

2. Have you discussed your complaint or brought your complaint to any Calhoun 40 School District personnel? If you have, to whom did you take the complaint, and what was the result?

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3. Please provide copies of any written documents that may be relevant or supportive of your complaint.

I have attached supporting documents: ☐ Yes ☐ No

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail complaint and any relevant documents to:

Calhoun CUSD #40 Complaint Manager  
#52 Poor Farm Hollow Road  
PO Box 387  
Hardin, IL 62047

Telephone: (618) 576-2341