Uintah School District - Complaint of Alleged Discrimination

To be filled with Human Resources and/or Student Services Department. Upon completion and submission of this form, the Human Resource or Student Services Director will initiate an internal investigation of alleged discrimination.

Complainant Name:		Date:
Home Address:		Contact Phone #:
City, St	ate, Zip:	Email:
Ар	plicant Employee Patron Student O	ther
1.	Provision of Uintah School District policy or state/federa misinterpreted, or misapplied (cite policy or statute nur	
2.	Cause of alleged discrimination (Check all that apply) Race National Origin Gender Religio Age Disability Military Status	
3.	3. Statement of complaint (attach additional pages, if needed). Please include location(s), date(s), names of individual(s) involved, and why you believe Uintah School District policy or state/federal law was violated, misinterpreted, or misapplied:	
4.	Relief or action requested to resolve complaint:	
Signatu	re: D	ate:
	District Office Use	
Date co	omplaint submitted to Director:	
	taken by Director:	
Was co	mplaint filed with the Board of Education? Yes	

The availability and use of this internal procedure via submission of a complaint form does not preclude filing a complaint of discrimination with any appropriate state or federal agency.

March 2017