

Community Relations

Form For Filing Complaints

Phelps County School District 69-0044,
a/k/a Holdrege Public Schools
505 14th Avenue
Holdrege, NE 68949-1342

Date: _____

Person Making Complaint: _____

Address: _____ Phone: _____

(1) Name of child or person who you believe to have been unlawfully harassed: _____
_____.

(2) Statement of facts detailing date and manner in which child or person was harassed:

_____.

(3) Names of witnesses to the harassment: _____
_____.

(4) Relief requested (what I want done in response to this request): _____
_____.

The undersigned states: I have a reasonable belief that the facts in this complaint are true and accurate. I am familiar with the School District's Title IX and anti-discrimination grievance and complaint procedures and I give permission for an investigation to be made into this complaint.

Signature

Received by:

_____ Date: _____

Date of Adoption: March 14, 2005