

Reynolds School District Complaint Form

This form can be filled out electronically at reynolds.k12.or.us/district/public-complaints-procedure. If submitting a paper form, email it to complaint@rsd7.net or mail it to 1204 NE 201st Ave, Fairview, OR 97024

You may submit this form anonymously; however, you will not receive any follow-up regarding your complaint without providing your contact information.

Date	:			
First	and Last Name:			
Email		Phone		
Role	(student, staff, parent/guardian, vendor, etc):			
	lent Info:			
Stua	ent Name (if applicable):	Grade:		
Scho	ool Currently Attended (if applicable):			
Com	nplaint Information:			
Туре	e of Complaint:			
[]	Sexual Harassment			
[]	Dating Domestic Violence			
[]	Sex or Gender Based Harassment			
[]	Sexual Assault			
[]	Stalking			
[]	Other Bullying / Harassment			
[]	Equal Employment Opportunity			
[]	Instructional Materials / Library Materials			
[]	Public Complaint (e.g., policy violation, misconduct, etc)			
[]	Title I, Part A Parental Rights			
[]	Access to Career and Technical Education Programs (USDE Guidelines IV-O, Title VI: 34 C.F.R. § 100.6 (d))			
[]	Complaint from an RSD Staff Member			



[]	Retaliation					
[]	Disci	Discrimination Based on Any Protected Class:				
	[]	Sex	[]	Discrimination Based on Race		
	[]	Color	[]	National Origin		
	[]	Religion	[]	Gender Identity or Expression		
	[]	Sexual Orientation	[]	Pregnancy or Related Condition		
	[]	Age	[]	Veteran Status		
	[]	Marital Status	[]	Physical or Mental Disability (Including ADA/Section		
				504)		
[]	Othe	r:				
Date	of Incid	dent(s):				
Loca	tion of	Incident(s):				
		any relevant facts or circ		·		
		-				

What resolution are you seeking?					
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Is there anything else you would like the complaint investigator to know?					
Please attach any supporting documents or evidence to support your claim.					
Signature of Complainant	Date:				