

MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 33

Discrimination/Harassment Complaint Form

To: Superintendent of Schools Date of Receipt by Superintendent: _____
P.O. Box 9
Frenchville, ME 04745

Type of dispute resolution requested (select one):

_____ Mediation _____ Complaint

If requesting a complaint, are you willing to participate in mediation? ___ Yes ___ No
(A mediation will not interfere with the timelines for a complaint.)

Name: _____

Address: _____

Telephone: Home: _____ Work: _____ Fax: _____

Student's name (if this is being made for a student): _____

Date of Birth: ____/____/____ Disability: _____
(If Applicable)

Student's Residence (if different from parent): _____

School district the student attends: _____

School: _____ Grade: _____

Attorney/advocate: _____

Address: _____

Telephone: (____) _____ Fax: (____) _____

Describe the nature of the problem and any facts relating to the problem. (Attach additional pages if necessary.)

How could this problem be resolved? (Attach additional pages if necessary.)

What actions has the school taken to address the problem?

Whom did you notify? _____ Date notified: _____

How did you notify this person? _____

Signature of individual submitting request: _____ Date: _____

For additional information or assistance, you may wish to contact:

- The MSAD #33 Superintendent of Schools (Tel: 543-7334; Fax: 543-6242; e-mail: fdesjardins@msad33.net) or Affirmative Action Officer (Tel: 543-7717; Fax: 543-6316; e-mail: tambleblanc@msad33.net)
- The Maine Parent Federation – 1-800-870-7746
- The Maine Human Rights Commission – 624-6050

History:	Adopted	Meeting #822	March 6, 2006
	Revised	Meeting #890	September 1, 2010