

**BOARD OF TRUSTEES
CARSON CITY SCHOOL DISTRICT**

**ADMINISTRATIVE REGULATION No. 345
CERTIFIED STAFF**

COMPLAINT FORM

This complaint is filed number:

() TITLE I – AMERICANS WITH DISABILITIES ACT (ADA)

() TITLE II – AMERICANS WITH DISABILITIES ACT (ADA)

Name: _____ Date: _____
Complainant

Position: _____ Site Location: _____

Description of Complaint: (Add additional pages if needed) _____

Signature of Complainant

Return to Compliance Officer:
TITLE I/II (ADA)

Associate Superintendent, Human Resources

**BOARD OF TRUSTEES
CARSON CITY SCHOOL DISTRICT**

**ADMINISTRATIVE REGULATION No. 345
CERTIFIED STAFF**

DISPOSITION OF COMPLAINT FORM

This complaint is filed under:

() TITLE I – AMERICANS WITH DISABILITIES ACT (ADA)

() TITLE II – AMERICANS WITH DISABILITIES ACT (ADA)

TO: _____ DATE: _____
Complainant

FROM: _____
Name of Compliance Officer

Disposition of Complaint: _____

Supporting Evidence and Reasons: _____

Signature of Compliance Officer

Appeal Must be Filed By: _____
Next Level of Appeal: _____