
Polk County Public Schools

Equity Complaint Form

(To be completed by the person who is filing the complaint)

Name of Official receiving this complaint: _____

Date Filed: _____ School/Department involved: _____

Complainant's Name: _____ I am a(n): Student Employee

Complainant's Address: _____

Date alleged violation occurred: _____

From who have you sought assistance with this complaint? _____

Briefly explain complaint: _____

Were there any witnesses? Yes No If yes, give name(s): _____

Copy of witness statement enclosed? Yes No

Resolution sought: _____

Complainant's Signature

Date

To be completed by Principal/Administrator/Equity & Compliance Analyst: How was this case resolved?

Administrator's Signature

Date

Send Copy of this Complaint Form to:

Carol J. Wynn-Green
Equity & Compliance Analyst
1915 South Floral Avenue
P. O. Box 391
Bartow, FL 33831
Telephone: 863-534-0513 Fax: 863-534-0737
E-mail: carol.wynnngreen@polk-fl.net