

Premont ISD

To file a complaint, complete this form and submit it to [Enter Name or Position Title of Person Receiving Complaint and Contact information]. All complaints, written or verbal, are automatically forwarded to the Texas Department of Agriculture.

Check if you'd like to remain anonymous

I. Contact Information for Person Submitting the Complaint

(Please record your name, address, telephone number, and additional contact information in the spaces below.)

First Name	Middle Initial	Last Name
Address	City, State, and Zip Code	Best Telephone Number for You
Are there other ways we can contact you? (If yes, list them in the box. Other ways might include an email address or a different telephone number.)		

II. Reason for the Complaint

(Provide information about the complaint with as much detail as possible for questions (A-E). Attach additional paper if more space is needed.)

A. What is the name and address of the entity you are filing the complaint about?

B. If this complaint is against an individual, enter the person (or persons) name and contact information in this box. If the complaint is not against an individual, record a check in the box in front of N/A.

N/A – This complaint is not against an individual.

C. Describe the complaint with as much detail as possible, including the date and time incident occurred. If you have any relevant documentation that supports the complaint or alleged violation, attach that documentation to this form.

D. If there are other people who have knowledge about this event, please provide their names, titles, and address/contact information. (Attach additional sheets if you need more space.)

Name	Title	Address/Contact Information

E. What is the basis or the type of discrimination you feel occurred? If the complaint is not based on discrimination, record a check in the box in front of N/A.

N/A—This complaint is not based on discrimination.

(Check the boxes that apply.)

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Race | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Color | <input type="checkbox"/> Age |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Disability |

Signature of Complainant

	Date:
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-----This Space to Be Completed by Person Receiving the Complaint -----

Name of Person Receiving Complaint:	<input type="checkbox"/> Complaint was translated (Check this box if this complaint from was completed by a person other than the complainant)
Staff Person Assigned to Address Complaint:	Date Forwarded to the Texas Department of Agriculture: