Topeka Public Schools
Discrimination Complaint Form

The policies of Board of Education of Topeka Public Schools prohibit discrimination on the basis of age, race, color, national origin, ancestry, disability, creed, religion, gender, gender identity, gender expression, sex and sexual orientation in all programs and activities of the district.

Harassment of individuals on any of these grounds is also strictly prohibited.

Any individual who believes he or she has been discriminated against on any of these grounds may file a complaint in accordance with district policy (for students with a principal, any administrator, the counselor, a teacher or the district compliance coordinator; for employees with their supervisor, the building principal or the district compliance coordinator). For students, the Title VI, Title IX and Section 504 compliance coordinator is the General Counsel for the district. For employees, the EEO/AA and Title VII compliance officer is the general director of human resources. Compliance coordinators may be contacted at 624 SW 24th Street, Topeka, KS 66611-1294, (785) 295-3000.

Name of Complainant: Address: Telephone Number:	_____ _____ _____
Nature of the Complaint:	I believe that I have been the subjected to discrimination on the basis of: ☐ Race ☐ Color ☐ National Origin/Ancestry ☐ Sex or Gender ☐ Disability ☐Religion/Creed ☐ Age
Please describe the incident or act complained of: Please include information about: • Who was the person engaging in the conduct; • What was the nature of the conduct; • When did it occur; • Where did it occur; • What effect did the incident have on you.	_____ _____ _____ _____ _____ _____ _____ _____ _____ Continue on back if necessary
Were there any witnesses to this incident?	☐ Yes ☐ No If yes, please indicate who the witnesses were: _____ _____ _____ Continue on back if necessary
What action do you believe the school should take with regard to this incident?	_____ _____ _____

If this matter proceeds to a formal or informal hearing, will you appear and testify as to your knowledge of the matter?
☐ Yes ☐ No

Signature of Complainant: _____Date: _____

Information about the incident continued from front page. Additional witnesses	