

**OKALOOSA COUNTY SCHOOL DISTRICT  
HUMAN RESOURCES  
EQUITY COMPLAINT FORM-STUDENT**

MIS 2083  
REV 3/14

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<b>Complainant's Name</b>	<b>Date</b>

This complaint is against [list name(s)]: \_\_\_\_\_

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Witnesses [list name(s) if any]: \_\_\_\_\_

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Describe the action that prompted this complaint: \_\_\_\_\_

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**Signature of Complainant**

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**Signature of person(s) who assisted complainant in filing**

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Supervisor's notes on resolution:

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**Supervisor's Signature**

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**Date**