The School Board of Polk County, Florida
Equity Complaint Form
(To be completed by the person who is filing the complaint)

Name of Official Receiving Complaint: _____

Date Filed: _____ **School/Department Involved:** _____

Complainant's Name: _____ **I am a(n):** ☐ **Student** ☐ **Employee**
Last **First** **M.I.**

Date of Birth: _____

Complainant's Address: _____
Street City State ZIP

Home Telephone: (____)_____ **School/Department Telephone (____)**_____

Date alleged violation occurred: _____

From whom have you sought assistance with this complaint? _____

_____

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**

Recommendation of Administrator/Teacher/Equity Coordinator: _____

_____

_____

_____
Signature **Date**

Send copy to:
Patricia W. Hunter, Director
Equity & Compliance
1915 South Floral Avenue
Bartow, FL 33830
(863) 534-0513

Note: Once you click on the Submit button below, an email message will open with the completed form attached. Click SEND to complete the submission of the form.

Submit