

**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**

Attention: Patricia W. Hunter  
Equity & Compliance Office  
1915 South Floral Avenue  
Bartow, FL 33830  
(863) 534-0513