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# Polk County Public Schools

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## Equity Complaint Form

(To be completed by the person who is filing the complaint)

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Name of Official receiving this complaint: \_\_\_\_\_

Date Filed: \_\_\_\_\_ School/Department involved: \_\_\_\_\_

Complainant's Name: \_\_\_\_\_ I am a(n):  Student  Employee

Complainant's Address: \_\_\_\_\_

Date alleged violation occurred: \_\_\_\_\_

From who have you sought assistance with this complaint? \_\_\_\_\_

Briefly 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

To be completed by Principal/Administrator/Equity & Compliance Analyst: How was this case resolved?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

**Send Copy of this Complaint Form to:**

Carol J. Wynn-Green  
Equity & Compliance Analyst  
1915 South Floral Avenue  
P. O. Box 391  
Bartow, FL 33831  
Telephone: 863-534-0513 Fax: 863-534-0737  
E-mail: [carol.wynngreen@polk-fl.net](mailto:carol.wynngreen@polk-fl.net)