**EDUCATIONAL SERVICE CENTER OF NORTHEAST OHIO**

**STAFF FORMAL COMPLAINT FORM**

**ALLEGED DISCRIMINATION and/or HARRASSMENT**

*(Date of Filing)*

 (*Name of Complainant) (Home Telephone)*

*(Home address, city, state and zip code)*

Statement of Complaint and the Relief Sought:

 *(Signature of Complainant)*

Date Received by ESC Compliance Officer

Date of Conference

Disposition of Complaint

 *(Date) (Signature of ESC Compliance Officer)*

Adopted 7-26-95

Revised 6-29-11

Updated 4-1-18