

CR COMPLAINT LOG

Sponsor: _____							FY _____		
Date complaint received	Name of person who took complaint	Name and address of complainant	Explanation of event - include date of incident (use additional sheets if needed)	Type of Discrimination (circle one)	Date SDE notified	Date instructions or other information rec'd from SDE	Date(s) investigation took place	Who investigated?	Date complaint resolved
				Race/Color National Origin Sex Age Disability					
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This institution is an equal opportunity provider.