		STURGIS PUBLI COMPLAINT		
Name:		Section 504		Elliiott-Larsen
Address: _		(Stree		
_		(30 66	()	
Telephone: _	(City	y)	(Z	Zip)
	(Hoi	me)	(5	School or Work Location)
Status of per	son filing comp	olaint: Stu	dent	Employee
		Pare	ent/Guardian	Other
Statement of Complaint (include type of discrimination charged and the specific incidents in which it occurred):				
Signature of	Complainant:			
Signature of	person receivin	ng complaint:		
Date Received: Complaint Number:				
Complaint Au	ıthority:			
Submit all copies to the local Assistant Superintendent. The person receiving the complaint will sign receipt, date and number the complaint. One copy will be returned to the complainant, one copy will be sent to the school or department affected by the complaint, and one copy will be retained by the Assistant Superintendent.				
DISTRIBUTIO		copy – Assistant Su	-	
2 nd copy – School/Department 3 rd copy – Complainant				
NONDISCRIMINATION STATEMENT In Compliance with the Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and the Elliott-Larsen Civil Rights Act of 1977, it is the policy of the Sturgis Public Schools District that no person shall, on the basis of race, color, religion, national origin or ancestry, sex, disability, height, weight, or marital status be excluded from participation in, be denied the benefits of, or be subjected to discrimination during any program, activity, service or in employment. For information, contact: Nicole Airgood, Assistant Superintendent 107 W. West Street Sturgis, MI 49091 269-659-1500				