

Liza Jackson Preparatory School  
Human Resources  
Equity Complaint Form – Student

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\_\_\_\_\_  
Complainant's Name

\_\_\_\_\_  
Date

This complaint against [list name(s)]:

\_\_\_\_\_  
\_\_\_\_\_

Witnesses [list name(s) if any]:

\_\_\_\_\_  
\_\_\_\_\_

Describe the action that prompted this complaint:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Signature of person(s) who assisted complainant in filing

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Supervisor's notes on resolution:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date