

**NOTICE OF NONDISCRIMINATION AND COMPLAINT PROCEDURES  
(INCLUDING TITLE II, TITLE VI, TITLE VII, AND TITLE IX)**

**Nondiscrimination**

The Board of Education does not discriminate on the basis of race, color, national origin, sex, (including sexual orientation or transgender identity), disability, age, religion, height, weight, marital or family status, military status, ancestry, genetic information, or any other legally protected category, (collectively, "Protected Classes"), in its programs and activities, including employment opportunities.

**Complaint Procedure**

If a person believes that s/he has been discriminated/retaliated against or denied equal opportunity or access to the District's programs, activities or services, including employment opportunities, the person may utilize the following complaint procedures as a means of reaching, at the lowest possible administrative level, a prompt and equitable resolution of the matter.

The following individual is designated as the "District's Compliance Officer" (as known as "Civil Rights Coordinator") (hereinafter referred to as the "CO"):

Howard G. Parmentier, Superintendent  
Chassell Township Schools  
(906)483-2132 ext. 401  
41585 U.S. Hwy 41 – P.O. Box 140  
Chassell MI 49916

A person may also, at any time, contact the U.S. Department of Education, Office for Civil Rights, Cleveland Office, 1350 Euclid Avenue, Suite 325, Cleveland, Ohio 44115; Telephone: (216)522-4970; Fax: (216)522-2573; TDD: (216)522-4944; E-mail: [ocr.cleveland@ed.gov](mailto:ocr.cleveland@ed.gov); Web: <http://www.ed.gov/ocr>.

**NONDISCRIMINATION & EQUAL OPPORTUNITY/ACCESS  
INTERNAL COMPLAINT FORM**

\_\_\_\_\_  
Name of Complainant

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

Relationship to the School District:

- Employee
- Teacher
- Other \_\_\_\_\_ (Position)
- Other \_\_\_\_\_ (Describe)

Statement/Nature of Complaint (Including Date of Alleged Discrimination):

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

What Action Are You Requesting? (i.e., Relief Sought):

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

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

.....  
Date Received by District's Civil Rights Coordinator: \_\_\_\_\_