

**Division of Elementary and Secondary Education  
Equity Assistance Center - Complaint Form**

**About the Complainant**

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Your Position:  Student  Parent  School Employee  Attorney  Other (specify): \_\_\_\_\_

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

LEA & School: \_\_\_\_\_

**Complaint**

Specific policy/law violated (if known):

- Age Discrimination Act of 1975
- Anti-Bullying
- Arkansas Public School Choice Act of 1989 (Garland County)
- Constitutionally Protected Prayer in Public Elementary and Secondary Schools
- Public School Choice Act of 2015
- Retaliation
- Section 504 of the Rehabilitation Act of 1973
- Student Discipline and Handbook Policies
- Title IX of the Education Amendments of 1972 (Discrimination on basis of sex, sexual harassment, and inappropriate sexual behavior)
- Title VI of the Civil Rights Act of 1964 (Discrimination on basis of color, religion, national origin & gender)
- Other policies/laws (specify): \_\_\_\_\_

Describe facts of alleged act--including dates. Must allege a violation that occurred within the past 120 days.

Have you attempted to resolve the above-mentioned allegations with the school/LEA through an internal grievance procedure, appeal, or due process hearing?

NO  YES  If yes, describe actions you have taken to seek resolution.

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Have the allegation(s) been filed with any other federal, state, or Civil Rights Office, or any federal or state court?

NO  YES  If yes, describe below.

Describe the resolution you are seeking?

Verify that the information you provided is accurate and sign.

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Signature

Date

This form is optional. A complaint may be submitted using plain paper, stationery, etc. Attach additional pages or evidence if necessary.

Submit the complaint or request EAC complaint investigation procedures via any of the following ways:

**Mailing & Street Address**

Equity Assistance Center  
Division of Elementary and Secondary Education  
4 Capitol Mall, Box 25  
Little Rock, AR 72201

**Fax Number**

501-682-7288

**Email Address**

[ADE.EquityAssistance@ADE.arkansas.gov](mailto:ADE.EquityAssistance@ADE.arkansas.gov)



Equity Assistance Center  
501-682-4213

<https://dese.ade.arkansas.gov/Offices/legal/equity-assistance-center>