

DE SOTO AREA SCHOOL DISTRICT

511-Exhibit (2)

DISPOSITION OF DISCRIMINATION COMPLAINT  
(Attach copy of complaint)

Sexual  Other

NAME OF COMPLAINANT: \_\_\_\_\_

NAME OF CHARGED PARTIES: \_\_\_\_\_

DISPOSITION:

1. Was there a violation of the discrimination policy?

Yes  No

2. Provide explanation of basis of decision. (Attach more information if necessary.)

3. Date parties were notified of disposition and appeal procedure.

\_\_\_\_\_  Complainant  
\_\_\_\_\_  Charged Party

\_\_\_\_\_  
Administrator Date

Copies:  District Administrator  Complainant

*FOR OFFICE USE ONLY*

\_\_\_\_\_  
*Received by* *Date*

APPROVED: April 14, 2008

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