# **Virginia Department of Education**

**Office of ESEA Programs**

**P. O. Box 2120**

**Richmond, Virginia 23218-2120**

**(804) 225-2870**

# **ESEA Section 8524 Complaint Form**

# **Constitutionally Protected Prayer**

***Please type or write legibly a response to each question below. Then Sign and date the form.***

1. Name of Person Filing Complaint: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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E-mail address (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Subject(s) the Complaint Involves: (Include the person(s) and school(s) involved, and give a brief summary of what you allege to be the violation(s) of Section 8524 of the ESEA.)

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4. List persons you have already talked with to resolve this complaint, along with their response to your request.

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5. Provide a description of the nature of the problem, including facts relating to the problem. Use additional sheets, if needed. Include dates, where available. (note: complaints must address an action that occurred not more than one year prior to the date the complaint is received by the Virginia Department of Education (vdoe)).

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**note: you may include any documentation that supports your allegation(s) as an attachment to this form.**

6. Provide a proposed resolution of the problem to the extent known and available.

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**A COPY OF THIS COMPLAINT, WHICH INCLUDES THE SUPPORTING DOCUMENTATION, MUST BE SIMULTANEOUSLY FORWARDED TO THE SCHOOL DIVISION.**

7. Indicate below if this requirement has been met:

 \_\_\_\_\_ YES \_\_\_\_\_ NO

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

Signature (Required) Date