United States Department of Education
Office for Civil Rights

DISCRIMINATION COMPLAINT FORM

You do not have to use this form to file a complaint with the U.S. Department of Education's Office for Civil Rights (OCR). You may send OCR a letter or email instead of this form, but the letter or email must include the information in items 1-15 of this form. If you decide to use this form, please type or print all information and use additional pages if more space is needed. An online, fillable version of this form, which can be submitted electronically, can be found at: http://www.ed.gov/about/offices/list/ocr/complaintintro.html.

Before completing this form, please read all information contained in the enclosed packet including: Information About OCR's Complaint Resolution Procedures, Notice of Uses of Personal Information and the Consent Form.

If you have questions about civil rights or how to file a complaint, you may contact OCR at 800-421-3481, 800-877-8339 (TTY), OCR@ed.gov, or by calling the enforcement office that serves your state or territory. Contact information for enforcement offices can be found at: https://ocrcas.ed.gov/contact-ocr.

If you have difficulty understanding English, you may, free of charge, request language assistance services for this Department information by calling 1-800- USA-LEARN (1- 800-872-5327) (TTY: 1-800-877-8339), or email us at: Ed.Language.Assistance@ed.gov. If you are a person with a disability, you may request disability-related assistance by contacting OCR at 800-421-3481, 800-877-8339 (TTY), OCR@ed.gov, or by calling the enforcement office that serves your state or territory. Contact information for enforcement offices can be found at: https://ocrcas.ed.gov/contact-ocr. To request this document in an alternate format such as Braille or large print please contact the Department at 202-260-0852 or om_eeos@ed.gov.

1. Name of person filing this complaint:

Last Name: _____ First Name: _____

Address: _____

City:_____ State:_____ Zip Code:_____

Primary number:_____ Alternate number:_____

Email Address: _____

2. Name of person discriminated against (if **other** than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form and the consent/release form before we can proceed with this complaint. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent, guardian, or other authorized legal representative is required.

Last Name:_____ First Name: _____

Address: _____

City:_____ State:_____ Zip Code:_____

Primary Phone:_____ Alternative Phone:_____

Email Address: _____

3. OCR investigates discrimination complaints against schools, colleges and universities, institutions, and agencies which receive funds or other forms of financial assistance from the U.S. Department of Education and against public educational entities and libraries that are subject to the provisions of Title II of the Americans with Disabilities Act. Please identify the institution or agency that engaged in the alleged discrimination. If we cannot accept your complaint, we will attempt to refer it to the appropriate agency and will notify you of that fact.

Name of Institution: _____

Address: _____

City:_____ State:_____ Zip Code:_____

Department/School: _____

4. Please describe each alleged discriminatory act. For each action, please include the date(s) the discriminatory act occurred, the name(s) of each person(s) involved and, why you believe the discrimination was because of race, disability, age, sex, etc. Also please provide the names of any person(s) who was present and witnessed the act(s) of discrimination.

5. Do you have documents or written information that you think will help us to understand your complaint?

□ No
□ Yes

If yes, please describe the documents or written information you have.

If OCR investigates your complaint, we may ask you to provide us the items you describe above.

6. What is the most **recent date** you were discriminated against?

Date:_____

7. If this date is **more than 180 days ago,** you may request a waiver of the filing requirement.

☐ I am requesting a waiver of the 180-day time frame for filing this complaint.

Please explain why did not file your complaint within 180 days.

8. Have you complained about the allegations that you raise in this complaint to your school, institution, or another organization or agency?

◯ **YES** ◯ **NO**

If yes, have you complained about the allegations that you raise in this complaint by:

☐ filing an internal complaint or appeal with your school or institution?

☐ participating in your school or institution's grievance procedures?

☐ participating in a due process hearing either at your school or institution, or through another organization or government agency?

If you answered **yes to any of the above questions**, please describe the allegations that you raised in an internal complaint or appeal, through your school or institution's grievance procedures, or in a due process hearing, identify the date you complained about the allegations and where you made the complaint, and tell us the status of the complaint, appeal, grievance procedures, or due process hearing. If possible, please provide us with a copy of your complaint or grievance or appeal or due process request and, if completed, the decision in the matter.

9. If the allegations contained in this complaint have been filed with any other Federal, state or local civil rights agency, or any Federal or state court, please give details and dates. We will determine whether it is appropriate to investigate your complaint based upon the specific allegations of your complaint and the actions taken by the other agency or court.

Agency or Court:_____

Date Filed: _____

Case Number or Reference: _____

Results of Investigation/Findings by Agency or Court:

10. You do not need to have a lawyer to file a complaint with OCR; however, if you do have a lawyer, OCR staff are required to communicate directly with your lawyer. If you have a lawyer representing you in this matter, please provide the lawyer's contact information.

Last Name:_____ First Name:_____

Telephone: _____ Email:_____

11. If we cannot reach you at your home or work, we would like to have the name and telephone number of another person (relative or friend) who knows where and when we can reach you. This information **is not required,** but it will be helpful to us.

Last Name:_____ First Name:_____

Telephone: _____ Email:_____

12. **Option to Participate in OCR's Early Mediation Process**

OCR provides an early mediation process as an opportunity for you and the recipient institution to voluntarily resolve your complaint soon after you file it with OCR.

Mediation is a form of complaint resolution that OCR offers as an alternative to its investigative process. Mediation is an informal process in which a staff member from OCR who is trained in mediation assists the parties to reach a negotiated resolution of the complaint. The mediator does not decide who is right or wrong and does not have the authority to impose a settlement on the parties. Instead, the mediator helps the parties to find a mutually acceptable resolution to your complaint. Mediation is a strictly voluntary process. If either party does not want to participate in mediation, OCR will address the complaint through its regular processes.

If you are interested in participating in the early mediation process, you must check the box below. If you indicate your interest in early mediation by checking the box below **and** OCR determines that your complaint is appropriate for this process, OCR will contact you and the recipient institution and offer this resolution option. If the recipient agrees to participate in early mediation, OCR will work with you and the recipient to achieve a mutually agreeable resolution of your complaint. If the recipient does not wish to participate in early mediation, OCR will proceed with its regular processing of your complaint. ***If you do not indicate your interest in early mediation by checking the box below, early mediation will not be offered to you and OCR will proceed with its regular processing of your complaint.***

I am interested in participating in early mediation (Please check box): ☐

NOTE: *You **MUST** submit a signed Consent Form to OCR if you want to participate in early mediation.*

13. What would you like the institution to do as a result of your complaint—what remedy are you seeking?

14. We cannot accept your complaint if it has not been signed. Please sign and date your complaint below.

_____	_____
(Date)	(Signature)
_____	_____
(Date)	(Signature of person in Item 2)

Please mail or email the completed and signed Discrimination Complaint Form, your signed consent form and copies of any written material or other documents you believe will help OCR understand your complaint to the OCR Enforcement Office responsible for the state where the institution or entity about which you are complaining is located. You can locate the mailing information for the correct enforcement office on OCR's website at https://ocrcas.ed.gov/contact-ocr.

CONSENT FORM - FOR DISCLOSING NAME AND OTHER PERSONAL INFORMATION CONTAINED IN THE DISCRIMINATION COMPLAINT FORM TO OTHERS

Chavon J. Wright Case: 05-26-2347

(Please print or type except for signature line)

Herzing University

Your Name: _____

Name of School or Other Institution That You Have Filed This Complaint Against: _____

- The purpose of this consent form is for the Office for Civil Rights (OCR) to request your consent to disclose your name and other personal information when OCR decides that doing so will assist in investigating and resolving your complaint.
- For example, to decide whether a school discriminated against a person, OCR often needs to reveal that person's name and other personal information to employees at that school to verify facts or get additional information. When OCR does that, OCR informs the employees that all forms of retaliation against that person and other individuals associated with the person are prohibited. OCR may also reveal the person's name and personal information during interviews with witnesses and consultations with experts.
- If you do not consent to OCR disclosing your name or other personal information, OCR may decide to close your complaint if OCR determines it is necessary to disclose such information in order to determine whether the school discriminated against you.

  NOTE: If you file a complaint with OCR, OCR can release certain information about your complaint to the press or general public, including the name of the school or institution; the date your complaint was filed; the type of discrimination included in your complaint; the date your complaint was resolved, dismissed or closed; the basic reasons for OCR's decision; or other related information. Any information OCR releases to the press or general public will not include your name or the name of the person on whose behalf you filed the complaint.

  NOTE: OCR requires you to respond to its requests for information. Failure to cooperate with OCR's investigation and resolution activities could result in the closure of your complaint.

Please sign section A or section B (but not both) and return to OCR:

- If you filed the complaint on behalf of yourself, you should sign this form.
- If you filed the complaint on behalf of another specific person, that other person should sign this form.

  EXCEPTION: If the complaint was filed on behalf of a specific person who is younger than 18 years old or a legally incompetent adult, this form must be signed by the parent or legal guardian of that person.
- If you filed the complaint on behalf of a class of people, rather than any specific person, you should sign the form.

[X] CONSENT GRANTED UNDER SECTION A

Date: October 10, 2026

Student ID: W2467289 | Phone: (352) 300-5416 | Email: chavon.wright@gmail.com

A. **I give OCR my consent to disclose my name (and that of my minor child/ward on whose behalf the complaint is filed) and other personal information contained in the Discrimination Complaint Form to others for OCR's investigation of, and enforcement activities related to, the Discrimination Complaint Form.**

_____ _____

Signature **Date**

OR

B. **I do not give OCR my consent to disclose my name and other personal information contained in the Discrimination Complaint Form to others for OCR's investigation of, and enforcement activities related to, the Discrimination Complaint Form.** I understand that OCR may have to close my complaint.

Signature **Date**

I declare under penalty of perjury that it is true and correct that I am the person named above; and, if the complaint is filed by a parent or legal guardian on behalf of a minor child/individual who has been declared to be incompetent due to physical or mental incapacity or age by a court of competent jurisdiction, that I am that person's parent or legal guardian. This declaration only provides consent for the disclosure of identity of the persons (and other individually identifiable information about them contained in the Discrimination Complaint Form) and does not extend to any of the claims filed in the complaint.

Updated October 30, 2023

Excerpt from the Online Interactive Complaint Form

Race / Color / National Origin / Ethnicity / Shared Ancestry

Discrimination based on national origin includes discrimination based on the country, world region, or place where a person or their ancestors come from; a person's limited English proficiency or English learner status; and a person's actual or perceived shared ancestry or ethnic characteristics, including membership in a religion that may be perceived to exhibit such characteristics (e.g., Hindu, Jewish, Muslim, and Sikh students). For more information about race, color, and national origin discrimination, please visit https://www.ed.gov/laws-and-policy/civil-rights-laws/race-color-and-national-origin-discrimination.

Sex

Discrimination based on sex includes discrimination based on sex stereotypes, pregnancy or related conditions, sexual orientation, and gender identity. Discrimination based on sex also encompasses rules about parental, family, or marital status that treat people differently based on sex. For more information about sex discrimination, please visit https://www.ed.gov/laws-and-policy/civil-rights-laws/title-ix-and-sex-discrimination.

Disability

A person with a disability is defined as any person who (i) has a physical or mental impairment, which substantially limits one or more major life activities, or (ii) has a record of such impairment, or (iii) is regarded as having such an impairment. Whether a person has a disability is determined without considering mitigating measures. For more information about disability discrimination, please https://www.ed.gov/laws-and-policy/civil-rights-laws/disability-discrimination.