



Illinois State Board of Education

100 North First Street
Springfield, IL 62777-0001

CONSTITUTIONALLY PROTECTED PRAYER COMPLAINT FORM

TITLE GRANT ADMINISTRATION

INSTRUCTIONS: Please describe below, in as much detail as possible, the nature of the complaint. Use additional sheets, if necessary. Please mail the complaint form and any additional documents to the address above or e-mail to protectedprayer@isbe.net.

NAME OF DISTRICT BEING REPORTED

DISTRICT ADDRESS

CITY

APPROXIMATE DATE(S) OF ALLEGED INCIDENT(S)

Detailed Description of Allegations

Attach Documents (if applicable)

Witnesses (including contact information and description of testimony)

NAME OF REPORTER (optional)

E-MAIL

TELEPHONE (include area code)