

DISCRIMINATION OR HARASSMENT COMPLAINT FORM

Name _____ Date _____

Address _____
(Street) (City) (Zip)

Telephone _____
(Home) (School or work location)

Status of person filing complaint: _____ Student _____ Employee
_____ Parent/Guardian _____ Other

Type of Complaint: _____ S 118.13 WI STATS (discrimination based on sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or, mental, physical, emotional, or learning disability that interferes with ability to participate in school activities)
_____ Title VI (discrimination based on race, color, or natural origin)
_____ Title IX (discrimination based on gender)
_____ Title VII (employment discrimination based on race, color, or national origin)
_____ Section 504 (discrimination based on handicap conditions)
_____ Other: _____

Statement of Complaint (Include type of discrimination charged and the specific incident(s) in which it occurred.) Further text may be attached. If so, use this space for a summary statement.

What action would you like taken? Or what solutions would you like to see?

Signature of complainant: _____ Date complaint filed: _____

Signature of person receiving complaint: _____

Date received: _____ Complaint number: _____

Complaint authority: _____

Submit all copies to the office of the district administrator. The person receiving the complaint will sign, date, and number the complaint. One copy will be returned to the complainant, one copy to the person the complaint is against, one copy will be sent to the school or department affected by the complaint, one copy will be sent to the building administrator affected, and one copy will be retained by the District Office.