

COMPLAINT PROCEDURES

Any complaint regarding the interpretation or application of the district's employee nondiscrimination/harassment policies shall be processed in accordance with the following grievance procedures:

1. Any employee or resident of the district complaining of discrimination on the basis of sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional or learning disability in school programs or activities shall report the complaint to the district administrator.
2. A written statement of the complaint shall be prepared by the complainant and signed. This complaint shall be presented to the district administrator. The district administrator or designee shall send written acknowledgment of receipt of the complaint within 10 days and then shall forward the complaint to the board within 45 days.
3. A written determination of the complaint under Title VII, Title IX or the Wisconsin Fair Employment Act (WFEA) shall be made by the board within 90 days of receipt of the complaint unless the parties agree to an extension of time. Complaints under 20 USC s. 1231e-3 and 34 CFR ss. 76.780-76.782, commonly referred to as EDGAR complaints, that the state or a subgrantee is violating a federal statute or regulation that applies to a program shall be referred directly to Wisconsin Division of Equal Rights, State Department of Labor, Industry and Human Relations.
4. If a complainant wishes to appeal a negative determination by the board, she/he has the right to appeal the decision within 30 days of the board's decision. In addition, the complainant may appeal if the board has not provided written acknowledgment within 45 days of receipt of the complaint or made a determination within 90 days of receipt of the written complaint. Appeals should be addressed to: Office of Civil Rights, Chicago Office, 111 N. Canal Street, Suite 1053, Chicago, IL 60606-7204, (312)886-8434.
5. Discrimination complaints on some of the above bases may also be filed with the federal government at the Office for Civil Rights, U.S. Department of Education, 300 South Wacker Drive, 8th Floor, Chicago, Illinois 60606.

Copies of these complaint procedures shall be included in employee handbooks and work manuals.

DISCRIMINATION/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: _____ Title VI _____ Title IX
_____ S 118.13 WI STATS _____ Section 504
_____ Title VII _____ 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.

Signature of complaint: _____

Date complaint filed: _____

Signature of person receiving complaint: _____

Date received: _____ Complaint number: _____

Complaint authority:

Submit all copies to the office of the Superintendent. The person receiving the complaint will sign, date, and number the complaint. One copy will be returned to the complainant, 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 superintendent.