DODGELAND SCHOOL DISTRICT
Board Policy Manual

112-Exhibit

DISCRIMINATION/HARASSMENT COMPLAINT FORM

Name: _____Date:_____

Address: _____

Telephone: _____
(home) (school or work location)

Status of Person Filing Complaints:

Student _____Employee_____Parent_____Other_____

Filing complaint alleging discrimination/harassment on the basis of:

_____

Statement of complaint (include type of discrimination/harassment on the basis of:

_____

_____

_____

Signature of complainant: _____

Date of complaint filed: _____

Signature of person receiving complaint: _____

Date Received: _____

Submit all copies to (employee designated to receive complaints), or the immediate supervisor, or their respective secretaries. The person receiving the complaint will sign and date the complaint. One copy will be returned to the complainant, one copy will be sent to the school or department affected by the complaint, and one copy will be sent to the district administrator.

Distribution:
1st copy - District Administrator
2nd copy - School/Department
3rd copy - Complainant

Approved: December 2, 1996
Revised (WASB): November 24, 2008