

**DODGELAND SCHOOL DISTRICT
Board Policy Manual**

411-Exhibit

DISCRIMINATION COMPLAINT FORM

Name: _____ Date: _____

Address: _____

Home Phone: _____ Office Phone: _____

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

Filing complaint alleging discrimination on the basis of: _____

Statement of complaint (include type of discrimination charged and the specific incidents in which it occurred): _____

Signature of complainant: _____ Date: _____

Signature of person receiving complaint: _____

Date received: _____

Submit all copies to the District Office at the following address: 401 South Western Avenue, Juneau, WI 53039. 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 kept in the District Office.

Approved: February, 1993
Revised (WASB): August 24, 2009