

SCHOOL DISTRICT OF LA CROSSE ADMINISTRATIVE POLICIES AND REGULATIONS

NOTICE OF NONDISCRIMINATION POLICY - REGULATIONS
DISCRIMINATION COMPLAINT FORM

Name _____ Date _____

Address _____

(Street)

(City/State/Zip)

Telephone _____

(Home)

(Work)

Status of person filing complaint:

Student

Employee

Parent

Other

_____ (Status if Other)

Filing complaint alleging discrimination on the basis of:

Statement of Complaint; include type of discrimination charged and the specific incident(s) in which it occurred. (Attach additional pages as needed.)

Signature of Complainant: _____

Date Complaint Filed: _____

Signature of Person Receiving Complaint: _____

Date Received: _____

Submit this form to the administrator designated to receive this complaint or the immediate supervisor. The administrator receiving the complaint will sign receipt and date the complaint. A copy will be returned to the complainant; a copy will be sent to the school principal or department affected by the complaint; and a copy will be sent to the Complaint Investigation Officer (Associate Superintendent/Instruction, Director Student Services, or Director of Human Resources).