



Discrimination Complaint Form

Name:

Home Phone:

Address:

Other Phone Contact:

Complaint Type: Student

Parent on behalf of Student

Staff

Type of Discrimination Experienced:

Sex (Gender)

Physical disability

Creed, religion

Sexual Orientation

Learning disability

Marital status

Pregnancy

Mental disability

Other, explain:

Race, national origin, ancestry, color

Emotional disability

Where, specifically, did the incident(s) occur?

Describe the incident(s): Include names, dates, places and specific actions or words.

What action, if any, have you taken so far?

What would you like to happen as a result of this complaint?

Signature of person making complaint

Date

Return to:
Pupil Discrimination Complaints
Erin Kuehn-Schettler
Director of Student Services
7106 South Avenue
Middleton, WI 53562

Employee Discrimination Complaints
Tabatha Gundrum
Director of Employee Services
7106 South Avenue
Middleton, WI 53562

Action taken:

Signature of person responding to complaint

Date

Complaint resolved

Complainant notified of appeal procedure