



EAST TROY

COMMUNITY SCHOOL DISTRICT

Committed to the Growth & Success of Each Student, Each Year

DISCRIMINATION COMPLAINT FORM

Date:

Name:

Primary #:

Cell #:

Address:

Status of Person Filing Complaint:

Student

Parent

Employee

Other

Filing of Complaint Alleging Discrimination on the Basis of:

Gender

Race

Religion

National Origin/Ancestry/Creed

Pregnancy

Marital/Parental Status

Sexual Orientation

Gender Identity

Gender Expression

Gender Non-conformity

Disability

Color

Homelessness

Other:

Statement of Complaint *(include type of discrimination charged and the specific incident(s) in which it occurred)*:

Signature of Complainant:

Date 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