

SCHOOL DISTRICT OF BAYFIELD
DISCRIMINATION COMPLAINT FORM

Name _____ Date _____

Address _____
(Street)

(City) (Zip)

Telephone: _____
(Home) (School or work location)

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 incident(s) in which it occurred):

Signature of complainant: _____

Date complaint filed: _____

Signature of person receiving complaint: _____

Date received: _____

Submit all copies to the District Administrator or his/her secretary.

- Distribution: 1st copy - Complaint investigation officer
- 2nd copy - School/Department
- 3rd copy - Complainant

CROSS REF.: 112.1-Exhibit, Section 504 Complaint Form
112.2-Exhibit, Title IX Complaint Form

APPROVED: June 10, 1991
REVISED: October 12, 1992
REVISED: November 9, 2009