

STUDENT DISCRIMINATION COMPLAINT FORM

Complaint of discrimination, harassment, retaliation, or other violation of School Board Policy 411 <small>(please print clearly, complete all lines, and attach additional sheets where necessary)</small>	
1. Name, Telephone Number, and Mailing Address of the Individual Filing the Complaint:	
2. This complaint concerns (check all that apply): <input type="checkbox"/> Discrimination against or the harassment of an individual based on the individual's legally-protected status (e.g., race, sex, age, disability, religion, etc.) <input type="checkbox"/> Inappropriate retaliation taken against an individual, in violation of a law or a District policy <input type="checkbox"/> Harassment or retaliation that is based on a factor (such as personal animosity) other than a person's legally-protected status Other: _____ _____ _____	4. What is the name of <u>each</u> person who is the alleged target or victim of the improper conduct identified in this complaint? _____ _____ _____ 5. Is each person who you identified in response to Question 4, above, either a student of the District, a former student? <input type="checkbox"/> Yes. <input type="checkbox"/> No. Please explain any exceptions. _____ _____ _____
3. Does this complaint allege a violation of law or District policy that is based upon, or that has occurred because of, any individual's legally-protected status (e.g., race, sex, age, disability, religion, etc.)? <input type="checkbox"/> No. <input type="checkbox"/> Yes. List <u>each</u> protected status/category that you feel is relevant to the allegations made in this complaint: _____ _____ _____	6. Identify the approximate date(s) that the relevant events occurred (or, if the concern is ongoing, identify the date that the events/conduct began). Please use mm/dd/year format. _____ _____ 7. To your knowledge and in relation to this complaint, is anyone's <u>health or safety in imminent danger</u> such that you believe immediate action is needed to alleviate that danger? <input type="checkbox"/> No. <input type="checkbox"/> Yes. Please identify the person(s) and indicate whether you have contacted law enforcement: _____ _____ _____
8. Please list any district officials, administrators, or supervisor(s) who you allege are responsible parties in connection with this complaint (if any): _____	
9. List any other school district students who you allege are responsible parties in connection with this complaint (if any): _____	
10. List any other persons who you allege are responsible parties in connection with this complaint (if any), indicating their role (e.g., "John Smith (volunteer coach)"): _____	
11. Please list known witnesses to key events, indicating whether they are an employee, student, parent, etc. (e.g., "John Smith (employee)"): _____	
12. Please describe the basic nature of the complaint/allegations and identify the issue(s) to be resolved (e.g., identify what happened, when it happened, who was involved, whether it is an ongoing problem, etc.): _____	
13. Please identify the relief or remedy that you would like the School District to provide in order to resolve this complaint: _____	
14. Have you already attempted to address this matter informally with a supervisor, administrator, or any of the responsible parties? <input type="checkbox"/> No. <input type="checkbox"/> Yes. Please describe those attempts and identify the outcome/response to date: _____ _____ _____	

15. Please sign and date this form (for complaints submitted by multiple people, please submit separate forms or add an additional signature page). Your signature is your assurance that the information provided in this complaint is complete and accurate to the best of your knowledge.

Signature

Date

Such complaints shall be filed directly with the office of the Director of Special Education and Pupil Services who serves as the District's designated coordinator for Title IX, Section 504, the Americans with Disabilities Act, and the Age Discrimination Act, and as the District's designated nondiscrimination and equal opportunities coordinator. The Coordinator's contact information is as follows:

Laurie Johnson, Director of Special Education and Pupil Services
Rice Lake Area School District
30 Phipps Avenue, Rice Lake, WI 54868
715-234-9007, johnsonl@ricelake.k12.wi.us

For office use only:

Signature of the Director of Special Education and Pupil Services: _____

Date received: _____

Distribution: 1st copy -Director of Special Education and Pupil Services
 2nd copy- Complainant

Adopted: 09/28/87
Revised: 04/08/96
 05/08/06
 11/22/10
 01/31/14
 08/28/17
 02/08/21
 12/13/21
 10/10/22
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 11/14/16