

Policy of the Lancaster Board of Education  
Student

**HARASSMENT OF STUDENTS**

**This form is to be used by students only after discussing the basis for the complaint with the Principal/designee.**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_

(City) \_\_\_\_\_

(Zip) \_\_\_\_\_

Telephone: \_\_\_\_\_

(Home) \_\_\_\_\_

(School or work location) \_\_\_\_\_

Status of person filing complaint:

High School Student \_\_\_\_\_

Middle School Student \_\_\_\_\_

Winskill Elementary Student \_\_\_\_\_

Reason(s) for Complaint: \_\_\_\_\_

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

What happened?  
(Including the specific nature of the complaint)

When did it happen?

Day: \_\_\_\_\_

Date: \_\_\_\_\_

Time:

Where did it happen?

Who was involved?

Were there any witnesses?

Relief requested:

Signature

Date \_\_\_\_\_, 19

A reply, in writing, to the complainant shall be given within ten (10) working days unless notice is given of the need for extension of the investigation.

Signature of Complainant:

Date Complaint Filed:

Signature of person receiving complaint:

Date received: \_\_\_\_\_ Complaint Number:

Complaint Authority:

Submit signed complaint to the District Administrator, 925 West Maple Street, Lancaster, Wisconsin. The person receiving the complaint will sign, date, and number the complaint. One copy will be sent to the school or department affected by the complaint.

Approved:

Revised:      October 11, 1995

                  July 10, 1996