

Policy of the Lancaster Board of Education  
School Community

**DISCRIMINATION COMPLAINT FORM**

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

Address \_\_\_\_\_  
(Street)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Telephone: \_\_\_\_\_  
(Home) \_\_\_\_\_ (School or work location)

Status of person filing complaint:

Parent \_\_\_\_\_  
 Other \_\_\_\_\_

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

Remedy Requested:

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. A copy will be sent to the school or department affected by the complaint.

Approved: