

Policy of the Lancaster Board of Education  
Student

**STUDENT DISCRIMINATION COMPLAINT**

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 \_\_\_\_\_

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

\_\_\_\_\_

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

Approved:

Revised:

October 11, 1995