

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