

SCHOOL DISTRICT OF MILTON  
Milton, Wisconsin

**DISCRIMINATION COMPLAINT FORM**  
(For Local Use)

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

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

\_\_\_\_\_  
(City) (Zip)  
Telephone \_\_\_\_\_  
(Home) (School or Work Location)

Status of person filing complaint: \_\_\_\_\_ Student \_\_\_\_\_ Employee  
\_\_\_\_\_ Parent \_\_\_\_\_ Other

Filing complaint alleging discrimination on the basis of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
Statement of complaint (include type of discrimination charged and the specific incident(s) in which  
discrimination occurred):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date Complaint Filed

\_\_\_\_\_  
Signature of Person Receiving Complaint

\_\_\_\_\_  
Date Received

A written statement of the grievance shall be prepared by the complainant and signed. This grievance shall be presented to the Local Coordinator within five (5) business days of receipt of the written reply to the informal complaint. The Coordinator shall further investigate the matters of the grievance and reply in writing to the complainant within five (5) business days by certified mail.

Submit all copies to (employee designated to receive complaints), or the immediate supervisor, or their respective secretaries. The person receiving the complaint will sign and date the complaint. One copy will be returned to the complainant, one copy will be sent to the school or department affected by the complaint, and one copy will be sent to the complaint investigation officer.

Distribution:

- 1st Copy - Complaint Investigation Officer (Director of Special Education or designee)
- 2nd Copy - School/Department
- 3rd Copy - Complainant