

Discrimination & Harassment Report

Use this form to report violations of the School District of Milton Non-Discrimination Policy 2260, Policy 2260.01, Policy 2266, Policy 3122, Policy 3123, Policy 3362, Policy 4122, Policy 4123, Policy 4362 or Policy 5517 and Wis. Stat. § 118.13.

Fax completed document to (608) 868-1569



School District of Milton

*Opportunity · Achievement
Community*

Incident(s) Details

Student/Person Filing Complaint:	Date of Report:
School:	Date(s) of Alleged Incidents:
Relationship to Student (if necessary):	

Protected Class: <input type="checkbox"/> Gender <input type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> Color	<input type="checkbox"/> National Origin/Ancestry/Creed <input type="checkbox"/> Pregnancy <input type="checkbox"/> Marital/Parental Status <input type="checkbox"/> Homelessness <input type="checkbox"/> Sexual Orientation	<input type="checkbox"/> Gender Identity <input type="checkbox"/> Gender Expression <input type="checkbox"/> Gender Nonconformity <input type="checkbox"/> Disability <input type="checkbox"/> Other:
--	---	---

Individual(s) Involved (attach additional paper if necessary):
Incident Description (attach additional paper if necessary):

*** Title IX Coordinator will reach out regarding supportive measures and share formal complaint process.**

Nothing in these procedures shall preclude persons from filing a complaint directly or appeal with the U.S. Office of Civil Rights – Region V in Chicago, Illinois for federal law discrimination complaints or with a court of law.

**The District is requesting that the complainant access school policy first.

Wis Stat. § 118.13 Pupil Discrimination Prohibited

- (1) Except as provided in s. 120.13(37m), no person may be denied admission to public school or denied participation in, be denied the benefits of, or be discriminated against in any curricular, extracurricular, pupil services, recreational, or other program or activity because of the person's sex, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional, or learning disability.

Signature of Requestor

Date

Printed Name

Phone Number

Email Address

Received By

Date Received

Name:

Summary of Facts/Evidence by Each Party Involved:

Resolution:

Date of Resolution:

Notification Sent to Requestor:

- Yes**
- No**