

SCHOOL DISTRICT OF NEW BERLIN
New Berlin, Wisconsin

Complaint Form

Name: _____ Date: _____

Address: _____
(Street) (City) (Zip)

Telephone No: _____
(Home) (Work)

Status of person filing complaint: Parent Student
 Employee Other

Complaint Type:

_____ Race or National Origin	_____ Board of Education Policy
_____ Color	_____ Educational Materials
_____ Handicapping Condition	_____ Personnel
_____ Americans with Disabilities Act	_____ Rules and Regulations
_____ Gender	_____ Other: please list
_____ School Programs/Activities	_____

Statement of complaint: (Include type of discrimination charged, if applicable, and the specific incident(s) in which it occurred):

Signature of complainant: _____

Date complaint filed: _____

Signature of person receiving complaint: _____

Date Received: _____

Please submit to the Superintendent or his/her secretary. The person receiving the complaint will sign and date the complaint. Copies will be sent to the complainant; the school or department affected by the complaint; the building principal affected, the appropriate Compliance Officer, and one copy will be retained by the Superintendent.