

NON-DISCRIMINATION COMPLAINT PROCEDURES

Any complaint regarding the interpretation or application of the District's nondiscrimination policy shall be processed in accordance with the following grievance procedures:

1. Any individual complaining of discrimination on the basis of the person's sex, race, age, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental emotional or learning disability in school programs activities or employment shall report the complaint in writing to the Superintendent. (See attached form.) In the event the Superintendent is the subject of the complaint, the complaint should be filed with the Board President.
2. The Superintendent, upon receiving such a written complaint, shall immediately undertake an investigation of the complaint. The Superintendent will review with the building principal, or other appropriate persons, the facts comprising the alleged discrimination. Within 15 days after receiving the complaint, the Superintendent shall decide the merits of the case, determine the action to be taken, if any, and report in writing the findings and the resolution of the case to the grievant.
3. If the grievant is dissatisfied with the decision of the Superintendent, he/she may appeal the decision in writing to the Board. The Board shall hear the appeal at its next regular meeting, or a special meeting may be called for the purpose of hearing the appeal. The Board shall make its decision in writing within 15 days after the hearing. Copies of the written decision shall be mailed or delivered to the grievant and the Superintendent.
4. If the grievant is dissatisfied with the Board's decision, he/she may appeal the decision in writing to:

WI Dept. of Industry, Labor and Human Relations Equal Rights Division P.O. Box 8928 Madison, WI 53708
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or

US Equal Employment Opportunity Commission Department of Labor 2401 East Street, N.W. Washington, D.C. 20506

Adopted: _____ April 26, 1993
Last Revision: _____ October 10, 2007
Last Review: _____ September 14, 2016

DISCRIMINATION COMPLAINT FORM

Name _____ Date _____

Address _____
(Street) (City) (Zip)

Telephone _____
(Home) (School or work location)

Status of person filing complaint:

_____ Student _____ Employee
_____ Parent _____ Other: _____

Statement of complaint, including type of discrimination charge and the specific incident(s) in which it occurred: (attach additional sheets if necessary)

Signature of complainant

Date complaint filed

Signature of person receiving complaint

Date Received

Submit the complaint form to the Superintendent 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 kept by the Superintendent.

Distribution: 1st copy Superintendent
 2nd copy School/department
 3rd copy Complainant