SCHOOL DISTRICT OF LA CROSSE ADMINISTRATIVE POLICIES AND REGULATIONS

NOTICE OF NONDISCRIMINATION POLICY - REGULATIONS DISCRIMINATION COMPLAINT FORM

Date Complaint Filed:	Name		te
Telephone	Address	(Street)	
Status of person filing complaint: Student Parent Other (Status if Other) Status if Other) Statement of Complaint; include type of discrimination charged and the specific incident which it occurred. (Attach additional pages as needed.) Signature of Complainant: Date Complaint Filed: Signature of Person Receiving Complaint: Date Received:	Talanhana	(City/State/Zip)	
☐ Student ☐ Employee ☐ Parent ☐ Other (Status if Other) Filing complaint alleging discrimination on the basis of: Statement of Complaint; include type of discrimination charged and the specific inci in which it occurred. (Attach additional pages as needed.) Signature of Complainant: ☐ Date Complaint Filed: ☐ Signature of Person Receiving Complaint: ☐ Date Received: ☐ Date Received: ☐ Date Received: ☐ Other ☐ (Status if Other) ☐ (Status i	(Home)		(Work)
Parent	Status of person filing complaint:		
Filing complaint alleging discrimination on the basis of: Statement of Complaint; include type of discrimination charged and the specific inci in which it occurred. (Attach additional pages as needed.) Signature of Complainant: Date Complaint Filed: Signature of Person Receiving Complaint: Date Received:	☐ Student	☐ Employee	
Filing complaint alleging discrimination on the basis of: Statement of Complaint; include type of discrimination charged and the specific inci in which it occurred. (Attach additional pages as needed.) Signature of Complainant: Date Complaint Filed: Signature of Person Receiving Complaint: Date Received:	☐ Parent	Other	
Statement of Complaint; include type of discrimination charged and the specific inci in which it occurred. (Attach additional pages as needed.) Signature of Complainant: Date Complaint Filed: Signature of Person Receiving Complaint: Date Received:	Filing complaint alleging discriminat	ion on the basis of	(Status if Other)
Signature of Complainant:			
Signature of Complainant:			
Date Complaint Filed:	500° 2000° 20 88		
Signature of Person Receiving Complaint: Date Received:			
Date Received:			
	Date Received:		
Submit this form to the administrator designated to receive this complaint or	그리 ''이 가지 하게 되었다. 그렇게 되었다. 그리고 되었다. 그리지 않아 그리고 있다.		

Submit this form to the administrator designated to receive this complaint or the immediate supervisor. The administrator receiving the complaint will sign receipt and date the complaint. A copy will be returned to the complainant; a copy will be sent to the school principal or department affected by the complaint; and a copy will be sent to the Complaint Investigation Officer (Associate Superintendent/Instruction, Director Student Services, or Director of Human Resources).