

Policy #: 823.1

**SCHOOL DISTRICT OF WEBSTER**

Date Adopted: May 17, 2011

Date Revised:

Policy Title: Discrimination Complaint Form

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

Address \_\_\_\_\_

Telephone \_\_\_\_\_  
(Home) (School or Work)

Statutes 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 it occurred):

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

(Please put additional information on back of this sheet)

**Cross Reference:**

**Legal Reference:**