

School District of Rib Lake

**DISCRIMINATION COMPLAINT FORM**

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

Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (Zip)

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

Status of person filing complaint:

\_\_\_\_ Student \_\_\_\_ Employee \_\_\_\_ Parent or Guardian

\_\_\_\_ 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): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of complainant: \_\_\_\_\_

Date complaint filed: \_\_\_\_\_

Signature of person receiving complaint: \_\_\_\_\_

Date received: \_\_\_\_\_