

**BURLINGTON AREA SCHOOL DISTRICT**  
Discrimination Complaint Form

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ (home) \_\_\_\_\_ (work)

Status 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)*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of complainant \_\_\_\_\_  
Date complaint filed \_\_\_\_\_  
Signature of person receiving complaint \_\_\_\_\_  
Date complaint received \_\_\_\_\_

Submit all copies to: Complaint Officer, Connie Zinnen, Assistant Superintendent,  
Burlington Area School District, 100 North Kane Street, Burlington, WI 53105