

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:
Jamie Rook, Director of Human Resources/Complaint Officer
Burlington Area School District
209 Wainwright Avenue
Burlington, WI 53105