



MINERAL POINT UNIFIED SCHOOL DISTRICT 411-Exhibit (1)

DISCRIMINATION COMPLAINT FORM

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

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ School or Work Phone \_\_\_\_\_

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

Submit all copied to (employee designated to receive complaints) or the immediate supervisor or their respective secretaries. The person receiving the complaint will sign and date the complaint. One copy will be returned to the complainant, one copy will be sent to the school or department affected by the complaint, and one copy will be sent to the complaint investigation officer.

Distribution: 1<sup>st</sup> Copy – Complaint investigation officer  
2<sup>nd</sup> Copy – School/Department  
3<sup>rd</sup> Copy – Complainant