

**OAK CREEK-FRANKLIN JOINT SCHOOL DISTRICT
DISCRIMINATION/HARASSMENT COMPLAINT FORM**

Name of Individual Filing Complaint: _____ Date: ____ / ____ / ____

Address: _____
(Street) (City) (State) (Zip)

Telephone: Home _____ School/Work Location _____

Status of Person Filing Complaint: _____ Student _____ Employee _____ Parent

Other: (Identify) _____

Date of Incident(s): _____

Statement of Complaint: (include type of discrimination/harassment charged and the specific incident(s) in which it occurred)

Signature of Complainant: _____

Complaint Filed: _____

Signature of Person Receiving Complaint: _____

Date Received: _____

Submit two copies to the Director of Human Resources. The person receiving the complaint will sign and date the complaint. One copy will be returned to the complainant and one copy will be retained in the Human Resources Office.

Distribution: Complainant
Director of Human Resources