

**Fond du Lac School District
Website Accessibility Discrimination Complaint Form**

Name _____ Date _____

Street Address _____ City _____ State ____ Zip _____

Telephone _____ Home Work School

Status of person filing complaint: Student Employee

Parent Other _____

Filing complaint alleging discrimination on the basis of:

Statement of complaint (including type of discrimination charged and the specific incident(s) in which it occurred):

Signature of Complainant: _____

Date Complaint Filed: _____

Signature of Person Receiving Complaint: _____

Submit all copies to Sharon Simon, Director of Human Resources or Michael Gerlach, Director of Business Services. The person receiving the complaint will sign and date the complaint. One copy will be returned to the complainant and one copy will be sent to the school or department affected by the complaint.