

HORTONVILLE AREA SCHOOL DISTRICT

Mr. Todd Timm, District Administrator
246 N. Olk Street
P.O. Box 70
Hortonville, WI 54944
PH: 920-779-7921
FAX: 920-779-7903
E-mail: toddtimm@hasd.org

Discrimination Complaint Form

Name _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell _____ Email _____

Telephone # School or Work Location _____

Status of Person Filing Complaint

Pupil Employee Parent Other Specify _____

Filing complaint alleging discrimination on the basis of:

Description of Complaint (includes dates/times, names of witnesses. Please be specific)

Corrective Action Requested: (use extra sheets if required)

Signature of Complainant _____ Date Signed _____

Signature of Person receiving Complaint _____

Date Received _____

Submit all copies to District Administrator, 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, and one copy will be sent to the designated employee.

Distribution: 1st Copy – Complainant 2nd Copy – Designated Employee

HASD Mission Statement: *Our community ensures every student learns at the highest level.*

Pupil Nondiscrimination Statement: It is the policy of the Hortonville Area School District that no person may be denied admission to any public school or be denied participation in, be denied the benefits of, or be discriminated against in any curricular, extracurricular, pupil services, recreational or other program or activity because of the person's sex, color, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional or learning disability.