

Discrimination & Harassment Complaint Form

This form may be completed by any member of the Green Bay Area Public School District community who has experienced an incident that may constitute a violation of Board of Education Policy 411, 411.1, and/or 411.11. Please complete the form to the best of your ability. Email completed form to Abby Tilkens at astilkens@gbaps.org.



Incident(s) Details	
Person Filing Report:	Today's Date:
Email Address:	Phone Number:
Name of Person Experiencing the Harm (Complainant):	
School:	Date(s) of Alleged Incident(s):
Incident Location: <input type="checkbox"/> School Building/Office <input type="checkbox"/> Outdoors on School Grounds <input type="checkbox"/> School/District Transportation <input type="checkbox"/> School Sponsored Event <input type="checkbox"/> Other:	
Type of Incident: <input type="checkbox"/> Discrimination <input type="checkbox"/> Harassment <input type="checkbox"/> Violence/Sexual Assault <input type="checkbox"/> Stalking <input type="checkbox"/> Retaliation <input type="checkbox"/> Other:	
Protected Class: <input type="checkbox"/> Gender <input type="checkbox"/> Race <input type="checkbox"/> Religion <input type="checkbox"/> Color <input type="checkbox"/> National Origin/Ancestry/Creed <input type="checkbox"/> Pregnancy <input type="checkbox"/> Marital/Parental Status <input type="checkbox"/> Homelessness <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Gender Identity <input type="checkbox"/> Gender Expression <input type="checkbox"/> Gender Non-conformity <input type="checkbox"/> Disability <input type="checkbox"/> Other:	
Name of Person Doing Harm (Respondent) – Use additional sheets as necessary:	
Role: <input type="checkbox"/> Student <input type="checkbox"/> Teacher/Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Administrator <input type="checkbox"/> Guest <input type="checkbox"/> Other:	
Witness to Incident - Use additional sheets as necessary:	
Role: <input type="checkbox"/> Student <input type="checkbox"/> Teacher/Faculty <input type="checkbox"/> Staff <input type="checkbox"/> Administrator <input type="checkbox"/> Guest <input type="checkbox"/> Other:	
Incident Description (this can be brief; a full statement will be taken by the investigator):	

*Nothing in these procedures shall preclude persons from filing a complaint directly or on appeal with the U.S. Office of Civil Rights – Region V in Chicago, Illinois for federal law discrimination complaints or with a court of law.

**The District is requesting that the complainant access school policy first.

Wis. Stat. § 118.13. Pupil Discrimination Prohibited

(1) Except as provided in s. 120.13(37m), 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, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional, or learning disability.

Signature of Person Filing Report

Date:

For Office Use Only	Date Received:	Received By:
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