

**DISCRIMINATION COMPLAINT PROCEDURE**

If any person believes that the Granton Area School District, or any part of the school organization has inadequately applied the principles and/or regulations of Titles VI, IX, s118.13, Wis. Stats., or Section 504 or is in some way discriminatory on the basis of sex, race, religion, color, national origin (including Limited English Proficiency), ancestry, creed, pregnancy, parental status, marital status, sexual orientation, or physical, mental, emotional, or learning disability, he/she may bring forward a complaint to the office of the District Administrator in the Granton Area School District office at 217 North Main, Granton, Wisconsin 54436.

**INFORMAL PROCEDURE**

The person who believes he/she has a valid basis for complaint shall discuss the concern with the District Administrator, who shall in turn investigate the complaint and reply to the complainant in writing within five (5) business days. If this reply is not acceptable to the complainant, he/she may initiate formal procedures according to the steps listed below.

**FORMAL GRIEVANCE PROCEDURE**

- STEP 1:** A written statement of the grievance shall be prepared by the complainant and signed. This grievance shall be presented to the District Administrator within five (5) business days of receipt of the written reply to the informal complaint. The District Administrator shall further investigate the matters of the grievance and reply in writing to the complainant within five (5) business days by certified mail.
- STEP 2:** If the complainant remains unsatisfied, he/she may appeal through a signed, written statement to the Board of Education within five (5) business days of her/his receipt of the District Administrator's response in step 1. In an attempt to resolve the grievance, the Board of Education shall meet with the concerned parties and their representatives within fifteen (15) business days of the receipt of such an appeal. A copy of the Board's disposition of the appeal shall be sent by the Board Secretary to each concerned party within ten (10) business days of this meeting by certified mail.
- STEP 3:** If a complainant wishes to appeal a negative determination by the Board regarding S.118.23, he/she has the right appeal the decision to the State Superintendent within thirty (30) days of the Board's decision. In addition the complainant may appeal directly to the State Superintendent if the Board has not provided written acknowledgement within forty-five (45) days of receipt of the complaint or made a determination within ninety (90) days of receipt of the written complaint. Appeals should be addressed to: State Superintendent, Wisconsin Department of Public Instruction, P.O. Box 7841, Madison, Wisconsin 53707-7841.

STEP 4: If, at this point, the grievance has not been satisfactorily settled, further appeal may be made to the Office of Civil Rights, U.S. Department of Education, Citigroup Center, 500 W Madison St - Suite 1475, Chicago, IL 60661-4544.

Nothing in this procedure shall preclude individuals from filing a complaint directly with the Office of Civil Rights at the address above as authorized by federal law.

#### Complaint Procedure – Special Education

Discrimination complaints relating to the identification, evaluation, educational placement or the provision of free appropriate public education of a child with a disability shall be processed in accordance with the process included in the “Special Education Rights for Parents and Children” handbook which is provided to all parents of special education students.

#### Complaint Procedure – Federal Programs

Discrimination complaints relating to programs specifically governed by federal law or regulation shall be referred directly to the State Superintendent of Public Instruction.

Records of all complaints shall be kept for the purpose of documenting compliance and past practices. The records shall include information on all levels of the complaint and any appeals. The record should include:

1. The name of the complainant and his/her title or status
2. The date the complaint was filed
3. The specific allegations made and any corrective action requested by the complainant
4. The name(s) of the respondents
5. The levels of processing followed, and the resolution, date and decision-making authority at each level
6. A summary of facts and evidence presented by each party involved
7. A statement of the final resolution and the nature and date(s) of any corrective or remedial action taken

Adopted:	October, 11, 1994
Revised:	February 14, 2012, September 9, 2013

Legal	Administrative Code: PI 9 (student nondiscrimination) PI 41 (religious beliefs)
References:	Wisconsin Statutes: 106.08; 111.31-111.395; 111.70; 118.13; 118.20 Title IX, Education Amendments of 1972 (sex discrimination) Title VI, Civil Rights Act of 1964 (race, color and national origin discrimination) Section 504 of the Rehabilitation Act of 1973 (handicap discrimination and accommodations) Americans with Disabilities Act of 1990 (disability discrimination) Individuals with Disabilities Education Act (disability discrimination) McKinney-Vento Homeless Education Assistance Act (equal access for homeless students)

**DISCRIMINATION COMPLAINT FORM**

_____	_____
Name	Date
_____	
Street Address	
_____	
Address (City, State, Zip)	
_____	_____
Telephone # Home	Telephone # School or Work

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Status of Person Filing Complaint

Pupil  Employee  Parent  Other (Specify) \_\_\_\_\_

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Filing complaint alleging discrimination on the basis of:

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

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Corrective action requested:

_____	_____
Signature of Complainant	Date Signed
_____	_____
Signature of District Administrator	Date Received

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Submit all copies to the District Administrator. The District Administrator will sign and date the complaint. One copy will be returned to the complainant, and one copy will be kept by the District Administrator.

Distribution: 1<sup>st</sup> Copy – Complainant  
2<sup>nd</sup> Copy – District Administrator

**(NOTIFICATION TO COMPLAINANT OF RIGHT TO APPEAL)**

Granton Area School District  
217 North Main Street  
Granton, WI 54436

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I have received written determination by the School Board of my complaint alleging violation of S.118.13, Wis. Stats. I understand that I have the right to appeal a negative determination to the State Superintendent within thirty (30) days and that to make such an appeal I would contact the following:

Complaint Officer/pupil Nondiscrimination  
Wisconsin Department of Public Instruction  
125 South Webster Street  
P.O. Box 7841  
Madison, WI 53707-7841

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

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Distribution: 1<sup>st</sup> Copy - District Administrator  
2<sup>nd</sup> Copy - Complainant