

Discrimination & Harassment Report Form



Use this form to report violations of the Green Bay Area Public School District Pupil Non-Discrimination Policy 411 or Policy 411.11 and Wis. Stat. § 118.13. Email completed form to Ellen Krueger at eekrueger@gbaps.org or fax completed document to (920) 448-3562.

Incident(s) Details	
Student/Person Filing Report:	Date of Report:
School:	Date(s) of Alleged Incident(s):
Relationship to Student (if necessary):	
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:	
Individual(s) Involved (attach additional paper if necessary):	
Incident Description (attach additional paper if necessary):	
Action Requested by Person Filing Complaint (attach additional paper if necessary):	

*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 Requestor

Date:

For Office Use Only	
Date Received:	Received By:

For Internal Use Only

Name:

Title:

Summary of Facts/Evidence by Each Party Involved:

Resolution:

Date of Resolution:

Notification Sent to Requestor:

Yes No

Date Sent to Requestor: