

COMPLAINT ON EQUAL OPPORTUNITY IN EMPLOYMENT

511- Exhibit

NAME

ADDRESS

TELEPHONE NUMBER:

COMPLAINT BASIS:

(Protected Status)

Description of action(s) which is alleged as being discriminatory. (Please provide dates, names or titles whenever possible.)

Signature of Complainant:

Date

NOTE: You may obtain assistance in the preparation of this complaint if required by contacting the Superintendent of Schools at (715) 339-2141.

Please submit within thirty (30) working days to Superintendent of Schools, School District of Phillips, PO Box 70, Phillips, WI 54555.

Extensions may be granted contingent upon agreement of both parties.

Approved: 01-17-00