

PROHIBITION AGAINST ILLEGAL DISCRIMINATION AND HARASSMENT
(Grievance Form)

Once completed, file this form with the compliance officer. If you have any questions or need assistance, contact the compliance officer at _____ [address] or _____ [phone].

Grievant's Contact Information

Name: _____ / _____ / _____

Address: _____

Phone Number(s): _____

School (if applicable): _____

Relationship to the District: Student Parent/Guardian Employee Other _____

Discrimination/Harassment Grievance (Use additional sheets if necessary.)

Please list all factual information you have regarding the alleged discrimination/harassment, as well as the reasons you believe these actions constitute illegal discrimination/harassment. Be complete and use full names/titles, dates, exact locations and specific occurrences, if appropriate.

List the names of witnesses to the alleged misconduct.

List the names of any person who may have been a victim of this alleged discrimination/harassment.

Have you brought your concern to the attention of a district employee or any other person? If so, who? _____

FILE: AC-AF2

Critical

What results are you seeking by filing this form?

I have read policy AC, including the time limits and other provisions governing the grievance process.

Signature of Grievant

Date

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Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented:

Revised:

North Platte R-I School District, Dearborn, Missouri