

U.S.D. No. 469

Complaint of Discrimination Form

The policies of Board of Education of U.S.D. No. 469 prohibit discrimination on the basis of race, color, national origin, disability, religion and sex in all programs and activities of the district. Additionally, discrimination on the basis of age is prohibited in employment.

Harassment of individuals on any of these grounds is strictly prohibited.

Individuals who believe they have been discriminated against on any of these grounds may file a complaint with the following discrimination coordinators:

District Discrimination Coordinator: Name: _____ Address: _____
Phone: _____

Building Discrimination Coordinators: Name: _____ Address: _____
Phone: _____

Name: _____ Address: _____ Phone: _____

Name of Complainant:

Address:

Telephone Number:

Nature of the Complaint:

I believe that I have been subjected to discrimination on the basis of:

- Race Color National Origin Racial Harassment
 Sex Sexual Harassment Disability Religion
 Age Harassment on the basis of _____

Please describe the incident or act complained of:

Please include information about:

- Who was the person engaging in the conduct?
- What was the nature of the conduct?

<ul style="list-style-type: none"> • When did it occur? • Where did it occur? • What effect did the incident have on you? 	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>Attach additional sheets if necessary.</p>
<p>Were there any witnesses to this incident?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please indicate who the witnesses were:</p> <hr/> <hr/> <hr/> <hr/>
<p>What action do you believe the school should take with regard to this incident?</p>	<hr/> <hr/> <hr/> <hr/>
<p>If this matter proceeds to a formal or informal hearing, will you appear and testify as to your knowledge of the matter? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	