



INDEPENDENT SCHOOL DISTRICT NO. 883
Rockford Area Schools
UNLAWFUL DISCRIMINATION TOWARD AN EMPLOYEE GRIEVANCE REPORT FORM
(Policy 401 and 402)

General Statement of Policy Prohibiting Unlawful Discrimination Toward an Employee

Independent School District No. 883 (Rockford) maintains a firm policy prohibiting all forms of unlawful discrimination. All staff is to be treated with respect and dignity. Unlawful discrimination by any teacher, administrator or other school personnel will not be tolerated under any circumstances.

Complainant: _____

Home Address: _____ Home Phone: _____

Work Address: _____ Work Phone: _____

I have been discriminated against based on (*choose one or more*):

- race color creed religion national origin sex
- marital status status with regard to public assistance disability sexual orientation
- age family care leave status veteran status

Date of Alleged Incident(s): _____

Name of person you believe unlawfully discriminated toward you: _____

If the alleged unlawful discrimination was toward another person, identify that person: _____

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used; any verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved; etc. (*Attach additional pages if necessary*): _____

Where and when did the incident(s) occur: _____

List any witnesses that were present: _____

This complaint is filed based on my honest belief that _____ has unlawfully discriminated against me or another person. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

(Complainant Signature)

(Date)

Received by: _____
