Personnel

Equal Employment Opportunity

I. Purpose

This policy provides guidance regarding the school district’s obligation to provide equal employment opportunity for all district employees and applicants for district employment.

II. General Statement of Policy

A. The school district provides equal employment opportunity for all applicants and employees. The district does not unlawfully discriminate on the basis of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, age, family care leave status, veteran status, or sexual orientation, including gender identity or expression. The district also makes reasonable accommodations for disabled employees.

B. The district prohibits the harassment of any individual based on any of the categories listed above. For information about the types of conduct that constitute impermissible harassment and the district’s procedures for addressing complaints of harassment, please refer to the district’s policy on harassment and violence.

C. This policy applies to all areas of employment including hiring, termination, promotion, compensation, facilities or privileges of employment.

D. Each district employee must follow this policy.

E. A person having questions regarding this policy should discuss it with the director of human resources.

Legal References:
29 U.S.C. § 621 et seq. (Age Discrimination in Employment Act)
29 U.S.C. § 2615 (Family and Medical Leave Act)
38 U.S.C. § 4211 et seq. (Employment and Training of Veterans)
38 U.S.C. § 4301 et seq. (Employment and Reemployment Rights of Members of the Uniformed Services)
42 U.S.C. § 2000e et seq. (Title VII of the Civil Rights Act)
42 U.S.C. § 12101 et seq. (Equal Opportunity for Individuals with Disabilities)
Minn. Stat. Ch. 363A (Minnesota Human Rights Act)
DISCRIMINATION, HARASSMENT, AND VIOLENCE REPORT FORM

Edina Public Schools maintains a firm policy prohibiting all forms of discrimination, harassment, or violence against students or employees, or groups of students or employees, on the basis of race, color, creed, religion, national origin, sex, age, marital status, familial status, status with regard to public assistance, sexual orientation, including gender identity and expression, or disability. All persons are to be treated with respect and dignity. Harassment or violence by any student, teacher, administrator, or other school personnel, which creates an intimidating, hostile, or offensive environment will not be tolerated under any circumstances.

Use of this reporting form is encouraged but not required. Reports may be made orally or in writing, including via electronic mail.

Person completing report: _______________________________________________________

Home address:  _______________________________________________________________

Work address:  _______________________________________________________________

Home phone:  ___________________________  Work phone:  ______

Date of alleged incident(s):  _________________________________________________

Basis of Alleged Harassment/Violence - circle as appropriate:  race  \/  color  \/  creed  \/  religion  \/  sex  \\
national origin  \  gender  \  age  \  marital status  \  familial status  \  status with regard to public assistance  \  sexual orientation  \  disability

Name of person(s) you believe harassed or was violent toward you or another person.

____________________________________________________________________________

If the alleged harassment or violence was toward another person(s), identify that person(s).

____________________________________________________________________________
Where and when did the incident(s) occur? __________________________________________
______________________________________________________________________________

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used; any verbal statements (e.g., threats, requests, demands); what, if any, physical contact was involved; or other relevant information. Attach additional pages if necessary.
______________________________________________________________________________
______________________________________________________________________________

List any witnesses to the incident(s). ____________________________________________
______________________________________________________________________________

My signature below shows that the information I have provided in this document is true, correct, and complete to the best of my knowledge and belief.

Signature: ___________________________ Date ________________________________

Received by: ___________________________ Date ________________________________

Please submit to the building principal or designee, or director of human resources.

Appendix
revised: 08/10/20
revised: 08/08/22
revised: 09/11/23