

**Complaint/Report Form
Discrimination and/or Harassment**

This form will serve both as a cover sheet and a summary of the progress of the complaint/report through its stages. Copies will be shared with the complainant/person reporting at each stage.

Stage 1: Building/Program Level

Directions: If you believe you have been the victim of discrimination and/or harassment, (or know of a situation of discrimination or harassment) please complete this form and submit it to an appropriate District Official: principal, supervisor, or Civil Rights Compliance Officer. If you prefer, you may also submit your complaint verbally. Students may seek help from any trusted staff member. The District will follow the procedures of Regulation 3170R for investigating and resolving complaints or reports of discrimination and/or harassment. You will be given a copy of this procedure.

Your Name: _____ Date of complaint: _____

Student: Grade _____ Phone _____ **Staff:** Position _____ Phone _____

Please explain the basis for this complaint or report. Give names, dates, and details of the incident or situation you are writing about. Also, give the names of any witnesses. Please be thorough—attach extra sheets if needed.

Signature of Complainant/Person Reporting: _____

Received by: _____ Date: _____
(District Position) (Signature)

Stage 1 Response

Findings: _____

District Official's Signature: _____ Date: _____

Please check the appropriate box
 Acceptance: I am satisfied with the Stage 1 response.
 Appeal: I wish to appeal the response to Stage 2.
Complainant/Person reporting signature: _____ Date: _____

Stage 2 Response (Compliance Officer)

Findings: _____

Compliance Officer's Signature: _____ **Date:** _____

Please check the appropriate box

- Acceptance:** I am satisfied with the Stage 2 response.
- Appeal:** I wish to appeal the response to Stage 3

Complainant/Person reporting signature: _____ **Date:** _____

Stage 3 Response (Superintendent)

Findings: _____

Superintendent's Signature: _____ **Date:** _____

Please check the appropriate box

- Acceptance:** I am satisfied with the Stage 3 response.
- Appeal:** I wish to appeal the response to Stage 4, the Board of Education.

Complainant/Person reporting signature: _____ **Date:** _____

Stage 4: Board of Education

The Board of Education will appoint an impartial officer to review the case. Within twenty (20) school/work days, the officer will communicate his/her findings in writing to all parties involved.

Reviewed: 06-16-16
06-16-16 Change in form number from 1430F to 3170F