

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

Holden Elementary
816-850-4444 ext. 3030
bmconville@holdenschools.org

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

Search the index for this section and the cross references to identify related policies, administrative procedures and forms.

Implemented: 09/10/2007

Holden R-III School District, Holden, Missouri