

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 is committed to providing equal opportunity in employment 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, familial status, 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. If making a complaint of harassment, the district encourages the reporting party or complainant to use the report form attached to this policy as Appendix I and available from the building principal, department supervisor, or the district office, but oral reports will be considered complaints as well.
- 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:

Minn. Stat. Ch. 363A (Minnesota Human Rights Act)
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)

Cross References:

Policy 402 (Disability Nondiscrimination)

Policy 405 (Veterans Preference Act)

Policy 413 (Harassment and Violence Prohibition, Students and Employees)

Policy
adopted: 09/22/08
revised: 03/11/13
revised: 06/13/16
revised: 09/14/20
revised: 04/08/24

INDEPENDENT SCHOOL DISTRICT NO. 273
Edina, Minnesota



DEFINING EXCELLENCE

Appendix I to Policies 401, 402, 413, 521, 522, and 528

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, including gender identity and expression \ 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.

(04/24)