

**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  
ahephner@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?

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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