

USD 232 COMPLAINT FORM

The policies of Board of Education of USD 232 prohibit discrimination on the basis of race, color, national origin, disability, religion, sexual orientation, gender identity, and sex in all programs and activities of the district. Additionally, discrimination on the basis of age is prohibited in employment. Harassment of individuals on any of these grounds is strictly prohibited. Individuals who believe they have been discriminated against on any of these grounds may file a complaint with the following: **School Principal**, or the **Title IX Coordinator, Susan Doyle, at address: 35200 W. 91st, De Soto, KS 66018 Email: susan.doyle@usd232.org P: 913-667-6200**

Name of Complainant: Address: Email Address: Telephone Number:	_____ _____ _____ _____
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Nature of the Complaint (Please Select Any that Apply):	I believe that I have or someone I know has been subjected to discrimination on the basis of: <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Racial Harassment <input type="checkbox"/> Sex <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Disability <input type="checkbox"/> Religion <input type="checkbox"/> Age <input type="checkbox"/> Sexual Orientation <input type="checkbox"/> Gender Identity <input type="checkbox"/> Harassment on the basis of _____; <p style="text-align: center;">OR</p> <input type="checkbox"/> General Complaint/Not Related to Perceived Discrimination My complaint is not one of perceived discrimination or harassment but is regarding the situation described below.
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Please describe the incident or act complained of: Please include information about: <ul style="list-style-type: none"> • Who was the person engaging in the conduct? • Who was the conduct directed toward? • What was the nature of the conduct? • When did it occur? • Where did it occur? • What effect did the incident have on you? What effect did it have on the person allegedly targeted? 	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ Attach additional sheets if necessary.
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Were there any witnesses to this incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate who the witnesses were: _____ _____
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What action do you believe the school or district should take with regard to this incident?	_____ _____
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If this matter proceeds to an investigation or hearing, will you appear and be interviewed and/or testify as to your knowledge of the matter? <input type="checkbox"/> Yes <input type="checkbox"/> No
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