PROHIBITION AGAINST ILLEGAL DISCRIMINATION, HARASSMENT AND RETALIATION
(Policy AC Grievance Form)

Are You Alleging Illegal Discrimination? The purpose of a Policy AC grievance is to prevent illegal discrimination, harassment and retaliation. If your complaint does not involve this type of illegal behavior, you may still file a complaint or grievance with the district using a different process. If you are not sure which process to use, please contact the appropriate Compliance Officer listed below for assistance.

Once completed, file this form with the appropriate Compliance Officer.

Chief Equity Officer
Student Compliance Officer for Columbia Public Schools
1818 W. Worley St.
Columbia, MO 65203-1038
Phone: 573-214-3413 / Fax: 573-214-3401

Chief Human Resources Officer
Employee, Parent, and Community Member Compliance Officer for Columbia Public Schools
1818 W. Worley St.
Columbia, MO 65203-1038
Phone: 573-214-3422 / Fax: 573-214-340

Return this form to: Chief Human Resources Officer at **HRSupport@cpsk12.org**

Your Contact Information

Name: _____

Address: _____

Phone Number(s): _____

School (if applicable): _____

Relationship to the District: ☐ Student ☐ Parent/Guardian ☐ Employee __ Other: _____

Discrimination/Harassment/Retaliation Grievance (Use additional sheets if necessary.)

Please describe each discriminatory action separately. For each action, please provide the date of the incident, what happened, and why you believe the actions were illegal.

_____

_____

_____

_____

On what basis were you discriminated against or harassed?

☐Race ☐Color ☐ Religion ☐Gender ☐ Gender Identity

☐ Gender Expression ☐Sex ☐Sexual Orientation ☐ National Origin

☐ Ancestry ☐Disability ☐ Age ☐ Genetic Information

☐ Retaliation because you complained or asserted your rights ☐ Other

List the name(s) of any person(s) participating in the alleged misconduct:

_____

List the names of witnesses to the alleged misconduct.

_____

_____

List the names of other potential victims (if any).

_____

_____

Have you brought your concern to the attention of a district employee or any other person? If so, list the names of those individuals: _____

_____

What results are you seeking by filing out this form?

_____

_____

_____

I attest that the above statements are accurate to the best of my knowledge.

_____

Signature of Grievant Date

What Happens Next?

Once this form is submitted, the Compliance Officer or designee will investigate your complaint. Please be prepared to discuss your complaint and provide relevant evidence. A final decision will be made within 30 working days of receiving this grievance, unless extenuating circumstances exist. If the appropriate deadline has passed and you have not received a decision or information that it has been extended, please contact the Compliance Officer for more information.