

PROHIBITION AGAINST DISCRIMINATION, HARASSMENT AND RETALIATION
(Grievance Form)

Once completed, file this form with the compliance officer. If you have any questions or need assistance, contact the compliance officer at:

P.O. Box 198, Summersville, MO 65571
(417) 932-4045
Fax # (417) 932-5360
starkr@s ville.k12.mo.us

Grievant's 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 list all factual information you have regarding the alleged discrimination, harassment or retaliatory actions, as well as the reasons you believe these actions violate district policy. 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 persons who may have been victims of this alleged discrimination/harassment/retaliation.

FILE: AC-AF2
Critical

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 this form?

I have read policy AC, including the time limits and other provisions governing the grievance process.

Signature of Grievant

Date