

Richmond School District Policy Statement Equal Opportunity Employment

**Policy #: 511
Administrative Procedures**

Any person who believes that the Richmond School District has failed to follow employment nondiscrimination laws, or in some way has discriminated against an employee or applicant for employment in violation of the District's equal opportunity employment policy, may bring forward a complaint as outlined below.

Any person presenting a report or complaint under these procedures who has concerns about safety, confidentiality, or retaliation should discuss those concerns with the designated complaint officer as early as possible in the process – preferably at or even prior to the time that a detailed report or complaint is filed.

In conjunction with the District's receipt of notice of any report or complaint of alleged discrimination or retaliation under these procedures, the District shall consider (and a complainant may affirmatively request consideration of) any interim measures that should be taken before the final outcome of an investigation (e.g., safety planning or other steps needed to protect the complainant).

Informal Procedure

Anyone who believes he/she has a valid basis for complaint shall discuss the concern with the building principal or immediate supervisor who will investigate the complaint and reply to the complainant. If this reply is not acceptable to the complainant, he/she may initiate formal procedures according to the steps listed below.

Formal Complaint Procedure

If the complaint involves alleged improper behavior by the designated person to whom the complaint is to be filed, the complaint should be filed with the next highest authority listed in the procedure.

- Step 1:** A written complaint statement shall be prepared by the complainant and signed. It shall be presented to the District Administrator who shall immediately undertake an investigation of the suspected infraction. He/she shall review with building principals and other appropriate persons the facts comprising the alleged discrimination, decide the merits of the case, determine the action to be taken, if any, and report in writing the findings and the resolution of the case to the appropriate parties.
- Step 2:** If the complainant or alleged responsible party is dissatisfied with the decision of the District Administrator, he/she may appeal the decision in writing to the School Board. The Board shall hear the appeal at its next regular meeting, or a special meeting may be called for the purpose of hearing the appeal. The Board shall make its decision in writing. A copy of the written decision shall be mailed or delivered to the appropriate parties.
- Step 3:** If the complainant is not satisfied with the Board's decision, or in lieu of or in addition to utilizing these complaint procedures, the complainant may pursue alternate actions available under state or federal laws (e.g. appeal to State Superintendent of Public Instruction (for teachers/administrative personnel), filing of complaint with the Equal Rights Division of the Department of Workforce Development, the U.S. Office for Civil Rights-Region V in Chicago and/or the courts having proper jurisdiction).

Responses to discrimination complaints shall be made within any timelines established by law.

Maintenance of Complaint Records

Complaint records shall be maintained for the purpose of documenting compliance. Records shall be kept for each complaint filed and, at a minimum, should include:

1. The name and address of the complainant and his/her title or status.
2. The date the complaint was filed.
3. The specific allegation made and any corrective action requested by the complainant.
4. The name and address of the respondents.
5. The levels of processing followed, and the resolution, date and decision-making authority at each level.
6. A summary of facts and evidence presented by each party involved.
7. A determination of the facts, statement of the final resolution, and the nature and date(s) of any corrective or remedial action taken.

Complaint of employment discrimination, harassment, workplace bullying, retaliation, or other violation of School Board Policy 511

(please print clearly, complete all lines, and attach additional sheets where necessary)

1. Name, Telephone Number, and Mailing Address of the Individual Filing the Complaint:

Name of Immediate Supervisor: _____ Date: _____

2. This complaint concerns (check all that apply):

- Discrimination against or the harassment of an individual based on the individual's legally-protected status (e.g., race, sex, age, disability, religion, etc.)
- Inappropriate retaliation taken against an individual, in violation of a law or a District policy
- Workplace harassment or bullying that is based on a factor (such as personal animosity) other than a person's legally-protected status
- Other: _____

3. Does this complaint allege a violation of law or District policy that is based upon, or that has occurred because of, any individual's legally-protected status (e.g., race, sex, age, disability, religion, etc.)?

- No.
- Yes. List **each** protected status/category that you feel is relevant to the allegations made in this complaint:

4. What is the name of **each** person who is the alleged target or victim of the improper conduct identified in this complaint?

5. Is each person who you identified in response to Question 4, above, either an employee of the District, a former employee, or an applicant for employment with the District?

- Yes.
- No. Please explain any exceptions. _____

6. Identify the approximate **date(s)** that the relevant events occurred (or, if the concern is ongoing, identify the date that the events/conduct began). Please use mm/dd/year format.

7. To your knowledge and in relation to this complaint, **is anyone's health or safety in imminent danger** such that you believe immediate action is needed to alleviate that danger?

- No.
- Yes. Please identify the person(s) and indicate whether you have contacted law enforcement: _____

8. Please list any **district officials, administrators, or supervisor(s)** who you allege are responsible parties in connection with this complaint (if any):

9. List any other **school district employees** who you allege are responsible parties in connection with this complaint (if any):

10. List any **other persons** who you allege are responsible parties in connection with this complaint (if any):

11. Please list known **witnesses to key events**, indicating whether they are an employee, student, parent, etc. (e.g., "John Smith (employee)"): _____

12. Please describe the **basic nature of the complaint/allegations** and identify the issue(s) to be resolved (e.g., identify what happened, when it happened, who was involved, whether it is an ongoing problem, etc.):

13. Please identify the relief or remedy that you would like the School District to provide in order to resolve this complaint:	
14. Have you already attempted to address this matter informally with a supervisor, administrator, or any of the responsible parties?	
<input type="checkbox"/> No.	
<input type="checkbox"/> Yes. Please describe those attempts and identify the outcome/response to date: _____ _____ _____	
If you will be represented, please identify the individual or organization (if known): _____	
15. Please sign and date this form (for complaints submitted by multiple people, please submit separate forms or add an additional signature page). Your signature is your assurance that the information provided in this complaint is complete and accurate to the best of your knowledge.	
_____	_____
Signature	Date

The Title IX Coordinator upon receiving the complaint shall immediately begin an initial investigation of the complaint and report in writing within 5 school/business days of date of receipt of the complaint.

**Richmond School District
Grievance Appeal Form**

Complete this form. Send to the District Administrator to hear the grievance. Retain one copy for your records. An appeal must be filled within the time limits provided or it will be dismissed with prejudice.

Employee's Name: _____ Title: _____ Date: _____

1. I wish to appeal the grievance disposition signed by:

Name: _____ Title: _____ Date: _____

2. Nature of Grievance:

3. What provision has been violated?

4. Reason for Appeal:

Employee's Signature: _____ Date: _____

Received by: _____ Date: _____