



Rockford Area Schools

Grievance Procedure for Complaints of Discrimination

GENERAL STATEMENT

The following grievance procedure applies to claims of sex and disability discrimination:

- A. Any person who believes he or she has been the victim of unlawful discrimination or any person with knowledge or belief of conduct that may constitute unlawful discrimination shall report the alleged acts immediately to an appropriate school district official designated by this policy (*See district policies 102, 401, 402, 521, 522, 528*). The complaint must be filed within 30 calendar days of the alleged violation.
- B. The Human Rights Officer (*Building Principal*) is responsible for receiving oral or written complaints of unlawful discrimination toward an employee or student. However, nothing in this policy shall prevent any person from reporting unlawful discrimination toward an employee or student directly with the Human Rights Officer, the school board or other school district official.
- C. While the school board has designated the Human Rights Officer to receive complaints of unlawful discrimination, if the complaint involves the Human Rights Officer, the complaint shall be made to the superintendent.
- D. Upon receipt of a complaint, the Human Rights Officer shall immediately notify the superintendent. If the superintendent is the subject of the complaint, the Human Rights Officer shall immediately notify the school board.
- E. The Human Rights Officer may request but not insist upon a written complaint. Alternative means of filing a complaint, such as through a personal interview or by tape recording, shall be made available upon request for qualified persons with a disability. If the complaint is oral, it shall be reduced to writing within 24 hours and forwarded to the superintendent. Failure to do so may result in disciplinary action. The school district encourages the reporting party to complete the complaint form for written complaints. It is available from the principal of each building or the school district office.
- F. The school district shall respect the privacy of the complainant, the individual(s) against whom the

complaint is filed, and the witnesses, consistent with the school district's legal obligations to investigate, take appropriate action, and comply with any discovery or disclosure obligations.

INVESTIGATION

- A. The Human Rights Officer, upon receipt of a complaint alleging unlawful discrimination shall promptly undertake an investigation if deemed appropriate. The investigation may be conducted by the Title IX coordinator for complaints of sex discrimination or the Section 504 Coordinator for complaints of disability discrimination, or a school district official or neutral third party designated by the Title IX coordinator, Section 504 coordinator or Human Rights Officer. The investigation shall be completed within 30 days of the complaint, unless impracticable.
- B. The investigation may consist of personal interviews with the complainant, the individual(s) against whom the complaint is filed, and others who may have knowledge of the alleged incident(s) or circumstances giving rise to the complaint. The investigation may also consist of other methods deemed pertinent by the investigator.
- C. In determining whether the alleged conduct constitutes a violation of this policy, the school district shall consider the facts and the surrounding circumstances such as the nature of the behavior, past incidents or continuing patterns of behavior, the relationships between the parties involved and the context in which the alleged incident occurred.
- D. The school district may take immediate steps to protect the parties involved in the complaint process, pending completion of an investigation of alleged unlawful discrimination. E. Upon completion of the investigation, the school district investigator shall make a written report to the Human Rights Officer. If the complaint involves the Human Rights Officer, the report may be filed directly with the superintendent or school board. The report shall include the facts, a determination of whether the allegations have been substantiated, whether a violation of this policy has occurred as well as a description of any proposed resolution which may include alternative dispute resolution.

- E. The district shall comply with federal and state law pertaining to retention of records.

APPEAL

If the grievance has not been resolved to the satisfaction of the complainant, s/he may appeal to the Human Rights Officer within ten (10) school days of receipt of the findings of the school district investigation. The school district investigator shall conduct a review of the appeal and within ten (10) school days of receipt of the appeal, shall affirm, reverse, or modify the findings of the report. The decision of the school district investigator is final but does not preclude pursuit of alternative complaint procedures noted in the section entitled "Right to Alternative Compliant Procedures."

SCHOOL DISTRICT ACTION

- A. Upon conclusion of the investigation and receipt of the findings, the school district shall take appropriate action. If it is determined that a violation has occurred, such action may include, but is not limited to, warning, suspension, expulsion, transfer, remediation or termination. School district action taken for violation of this policy shall be consistent with the requirements of applicable collective bargaining agreements, Minnesota and federal law and school district policies.
- B. The result of the school district's investigation of each complaint filed under these procedures shall be reported in writing to the complainant by the school district in accordance with state and federal law regarding data or records privacy.

RETALIATION

The school district shall take appropriate action against any student, teacher, administrator or other school personnel who retaliates against any person who reports alleged unlawful discrimination toward an employee or student or any person who testifies, assists or participates in an investigation or hearing relating to such

unlawful discrimination. Retaliation includes, but is not limited to, any form of intimidation or harassment.

CONFLICT OF INTEREST

If there is a conflict of interest with respect to any party affected by this policy, appropriate action shall be taken such as, but not limited to, appointing or contracting with a neutral third party investigator to conduct the investigation or recusal from the process by the person for whom a conflict or potential conflict of interest exists.

DISSEMINATION OF POLICY

The school district shall adopt and publish these procedures.

RIGHT TO ALTERNATIVE COMPLAINT PROCEDURES

These procedures do not deny the right of any individual to pursue other avenues of recourse, which may include filing charges with the agencies listed below or initiating action in state or federal court.

Claims of discrimination may also be pursued through the following agencies where appropriate:

U.S. Department of Education
Office for Civil Rights, Region V
500 W. Madison Street- Suite 1475
Chicago, IL 60661
Tel: 312-730-1560 TDD: 312-730-1609
MN Department of Human Rights
190 E 5th Street
St. Paul, MN 55101
Tel: 800.657.3704, 651.296.5663
TDD 651.296.1283

For complaints of employment discrimination:

Equal Employment Opportunity Commission
330 S. 2nd Avenue, Suite 430
Minneapolis, MN 55401
800.669.4000, 612.335.4040
TDD 612.335.4045



INDEPENDENT SCHOOL DISTRICT NO. 883
Rockford Area Schools
STUDENT DISABILITY DISCRIMINATION GRIEVANCE REPORT FORM
(Policy 521)

General Statement of Policy Prohibiting Disability Discrimination

Independent School District No. 883 (Rockford) maintains a firm policy prohibiting all forms of discrimination on the basis of a disability. All persons are to be treated with respect and dignity. Discrimination on the basis of a disability will not be tolerated under any circumstances.

Complainant: _____

Home Address: _____ Home Phone: _____

Work Address: _____ Work Phone: _____

I have been discriminated against based on (*choose one or more*): _____ my disability
_____ record of my disability
_____ being regarded as having a disability

because _____

Date of alleged incident(s): _____

Name of person you believe discriminated against you or another person: _____

If the alleged discrimination was toward another person, identify that person: _____

Describe the incident(s) as clearly as possible, including such things as: any verbal statements; what, if any, physical contact was involved; etc. (*attach additional pages if necessary*): _____

Location of the incident(s): _____

List any witnesses that were present: _____

This complaint is filed based on my honest belief that _____ has discriminated against me or another person based on a disability. I hereby certify that the information I have provided in this complaint is true, correct, and complete to the best of my knowledge and belief.

(Complainant Signature)

(Date)

Received by: _____

(Date)



INDEPENDENT SCHOOL DISTRICT NO. 883

Rockford Area Schools

UNLAWFUL SEX DISCRIMINATION TOWARD A STUDENT GRIEVANCE REPORT FORM

(Policy 522)

General Statement of Policy Prohibiting Unlawful Sex Discrimination Toward a Student

Independent School District No. 883 (Rockford) maintains a firm policy prohibiting all forms of unlawful sex discrimination. All students are to be treated with respect and dignity. Unlawful sex discrimination by any teacher, administrator or other school personnel will not be tolerated under any circumstances.

Complainant: _____

Home Address: _____ Home Phone: _____

Work Address: _____ Work Phone: _____

Date of Alleged Incident(s): _____

Name of person you believe unlawfully discriminated toward you or a student on the basis of sex:

If the alleged unlawful sex discrimination was toward another person, identify that person: _____

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used; any verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved; etc. *(Attach additional pages if necessary)*: _____

Where and when did the incident(s) occur: _____

List any witnesses that were present: _____

This complaint is filed based on my honest belief that _____ has unlawfully discriminated against me or a student on the basis of sex. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

(Complainant Signature)

(Date)

Received by: _____

(Date)



INDEPENDENT SCHOOL DISTRICT NO. 883
Rockford Area Schools
UNLAWFUL DISCRIMINATION TOWARD AN EMPLOYEE GRIEVANCE REPORT FORM
(Policy 401 and 402)

General Statement of Policy Prohibiting Unlawful Discrimination Toward an Employee

Independent School District No. 883 (Rockford) maintains a firm policy prohibiting all forms of unlawful discrimination. All staff is to be treated with respect and dignity. Unlawful discrimination by any teacher, administrator or other school personnel will not be tolerated under any circumstances.

Complainant: _____

Home Address: _____ Home Phone: _____

Work Address: _____ Work Phone: _____

I have been discriminated against based on (*choose one or more*):

- race color creed religion national origin sex
- marital status status with regard to public assistance disability sexual orientation
- age family care leave status veteran status

Date of Alleged Incident(s): _____

Name of person you believe unlawfully discriminated toward you: _____

If the alleged unlawful discrimination was toward another person, identify that person: _____

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used; any verbal statements (i.e. threats, requests, demands, etc.); what, if any, physical contact was involved; etc. (*Attach additional pages if necessary*): _____

Where and when did the incident(s) occur: _____

List any witnesses that were present: _____

This complaint is filed based on my honest belief that _____ has unlawfully discriminated against me or another person. I hereby certify that the information I have provided in this complaint is true, correct and complete to the best of my knowledge and belief.

(Complainant Signature)

(Date)

Received by: _____

(Date)