

## COMPLAINT OF DISCRIMINATION/HARASSMENT FORM

The policies of the McPherson USD 418 Board of Education prohibit discrimination on the basis of race, color, national origin, disability, religion 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.

This form is to be used in conjunction with board of education policies:

- Equal Opportunity Employment and Nondiscrimination, GAAA
- Racial Discrimination – Students, JGECA
- Racial Discrimination – Employees, GAAD
- Sexual Discrimination – Students, JGEC
- Sexual Discrimination – Employees, GAAC

Individuals who believe they have been discriminated against on any of these grounds may file a complaint with a school building administrator or the associate superintendent, 514 N. Main, McPherson, Kansas, 620-241-9400.

Name of Complainant: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Date: \_\_\_\_\_

Nature of the Complaint:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Age Discrimination             | <input type="checkbox"/> Race Discrimination              | <input type="checkbox"/> Racial Harassment |
| <input type="checkbox"/> Color Discrimination           | <input type="checkbox"/> Religion Discrimination          | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> Disability Discrimination      | <input type="checkbox"/> Sex Discrimination               |  |
| <input type="checkbox"/> National Origin Discrimination | <input type="checkbox"/> Harassment on the basis of _____ |  |

Describe the incident or act you are complaining of including the following information (*attach additional sheets if necessary*):

Name of the person engaging in the conduct  
When conduct occurred  
Effect the incident had on you

Nature of the conduct  
Where conduct occurred

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Were there witnesses to this incident? \_\_\_\_\_ Yes \_\_\_\_\_ No

