



**GENERAL STATEMENT OF POLICY PROHIBITING UNLAWFUL
DISCRIMINATION, HARASSMENT, VIOLENCE AND
OTHER OFFENSIVE BEHAVIOR GRIEVANCE FORM**

FORM:	Grievance Form
ADOPTED:	04/27/20
REVISED:	10/26/20

Independent School District 199 maintains a firm policy prohibiting all forms of unlawful discrimination, harassment, violence and all other offensive behavior. All persons are to be treated with respect and dignity. The school district shall treat complainants and respondents equitably. Discrimination, harassment, violence or other offensive behavior on the basis of race, color, creed, religion, national origin, sex, marital status, parental status, status with regard to public assistance, disability, sexual orientation or age by any student, teacher, administrator or other school personnel that creates an intimidating, hostile or offensive environment will not be tolerated under any circumstances.

Complainant:	
Home Address:	
Work Address:	
Home/Cell/Work Phone:	
Date of Alleged Incident(s):	
Name of person you believe harassed, discriminated or was violent toward you or another individual on the basis of protected class:	
If the alleged harassment, discrimination or violence 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 harassed, has discriminated or has been violent toward me or another person on the basis of protected class (race, color, creed, religion, national origin, sex, marital status, parental status, status with regard to public assistance, disability, sexual orientation or age). 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. I understand that the information provided in this complaint will be used consistent with School District policies.

<i>Complainant Signature:</i>	<i>Date:</i>
<i>Received By:</i>	<i>Date:</i>

For more information contact the district's Title IX Coordinator:

*Abel Riodique, Director of Special Services,
2990 80th Street East Inver Grove Heights, MN 55076
Email: riodiquea@isd199.org
Phone: 651-306-7828*

Or

*Human Rights Officer:
Michele Carroll, Director of Human Resources
2990 80th Street East Inver Grove Heights, MN 55076
Email: carrollm@isd199.org
Phone: 651-306-7805*