

FILE: AC-AF2  
Critical

**PROHIBITION AGAINST ILLEGAL DISCRIMINATION AND HARASSMENT**  
*(Grievance Form)*

Once completed, file this form with the compliance officer. If you have any questions or need assistance, contact the compliance officer at \_\_\_\_\_ [address] or \_\_\_\_\_ [phone].

**Grievant's Contact Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number(s): \_\_\_\_\_  
School (if applicable): \_\_\_\_\_  
Relationship to the District:  Student  Parent/Guardian  Employee  Other \_\_\_\_\_

**Discrimination/Harassment Grievance** (Use additional sheets if necessary.)

Please list all factual information you have regarding the alleged discrimination/harassment, as well as the reasons you believe these actions constitute illegal discrimination/harassment. 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 person who may have been a victim of this alleged discrimination/harassment.

Have you brought your concern to the attention of a district employee or any other person? If so, who? \_\_\_\_\_  
\_\_\_\_\_

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What results are you seeking by filing this form?

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

\_\_\_\_\_  
Signature of Grievant

\_\_\_\_\_  
Date

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***Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.***

Implemented: October 17, 2007

Revised:

Boonville R-I School District, Boonville, Missouri