

**ARMADA AREA SCHOOLS
DISCRIMINATION/HARASSMENT
COMPLAINT FORM**

To file a complaint, complete and return this form to the Assistant Superintendent, 74500 Burk Street, Armada, Michigan, 48005.

Please know the investigation will be handled as confidentially as possible. However, the need to interview witnesses and the offending individual(s) does not allow for total confidentiality in the process.

If the investigation finds harassment or discrimination occurred, it will result in prompt and appropriate remedial action. This may include up to expulsion for students, up to discharge for employees, exclusion for parents, guests, volunteers and contractors, and removal from any officer position and/or request to resign for Board members.

Retaliation against any person for complaining about harassment/discrimination, or retaliation against a person participating in a harassment/discrimination investigation, is prohibited. Suspected retaliation should be reported in the same manner as harassment/discrimination. Intentionally filing a false harassment/discrimination report, made to get someone in trouble, is also prohibited. Retaliation and/or intentionally filing a false report may result in the abovementioned disciplinary action.

Complainant Name: _____

Address: _____

Phone: _____

Email: _____

If the complainant is a student:

School Building Attending: _____

Grade: _____

Date of Birth: _____

If the complainant is an employee:

Job Title: _____

Building: _____

Reporter's Name (if different from complainant): _____

Relationship to Complainant: _____

Reporter Address: _____

Reporter Phone: _____

Reporter Email: _____

Please indicate the nature of harassment/discrimination:

- | | |
|--|---|
| <input type="checkbox"/> Age | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Color | <input type="checkbox"/> Sex |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Sexual Harassment |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Sexual Orientation |
| <input type="checkbox"/> Race | <input type="checkbox"/> Other _____ |

Date and time of alleged incident: _____

Name of person(s) you believed harassed/discriminated against you:

Place incident occurred: _____

Please describe in detail the specific incident that is the basis of the alleged harassment/discrimination. Include any evidence you believe is relevant (use additional sheets if necessary):

Were there any witnesses? If yes, please provide their names:

Remedy requested:

This complaint is filed based on my honest belief that the harassment, discrimination, or another form of violation has occurred to 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.

Complainant Signature

Date

A person who believes that he/she has been discriminated against by the District may file a complaint through the District's grievance procedure. A complaint may also be filed with the Office for Civil Rights (OCR), U.S. Department of Education, 1350 Euclid Avenue, Suite 325, Cleveland, OH 44115. You may file a complaint with OCR at any time. Filing a complaint with the District is not a prerequisite to filing with OCR.

Equal opportunity employer. Auxiliary services available to individuals with disabilities. Michigan Relay Center 1-800-649-3777 (Voice and TDD)