

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

Once completed, submit this form to the compliance officer. If you have any questions or need assistance, contact the compliance officer at 21005 S. School Road, Peculiar, MO 64078 or (816) 892-1322.

**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.

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List the names of witnesses to the alleged misconduct.

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List the names of any person who may have been a victim of this alleged discrimination/harassment.

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