KN COMPLAINTS

U.S.D. No. 378 Complaint Form

The policies of Board of Education of information, and sex in all programs. Harassment of individuals on any of these grounds may file a complaint District Discrimination Coordinate Building Discrimination Coordinate Title IX Coordinator: Name of Complainant: Address: Email Address:	s and activities f these grounds with the follow or: Name:_ cors: Name:	of the district. Additionally, diss is strictly prohibited. Individua ing discrimination coordinators Address:	crimination on the basis of ag als who believe they have bed s: Email: Email:	ge is prohibited in emploen discriminated against Phone: Phone:	oyment. t on any of
Telephone Number:					
Nature of the Complaint (Please Select Any that Apply):	□ Race □ Sex □ Age □ OR	t I have or someone I know ha Color Sexual Harassment Genetic Information Complaint/Not Related to Pernt is not one of perceived discelow.	☐ National Origin☐ Disability☐ Harassment on the	☐ Racial Harassm☐ Religion e basis of	ent ;
Please describe the incident or act complained of: Please include information about: Who was the person engaging in the conduct? Who was the conduct directed toward? What was the nature of the conduct? When did it occur? Where did it occur? What effect did the incident have on you? What effect did it have on the person allegedly targeted?		ional sheets if necessary.			
Were there any witnesses to this incident?		No e indicate who the witnesses w	were:		
What action do you believe the school or district should take with regard to this incident?					
If this matter proceeds to an investigation or hearing, will you appear and be interviewed and/or testify as to your knowledge of the matter? \Box Yes \Box No					

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