

Richmond School District
Discrimination/Harassment/Bullying Complaint Form

This form shall be given to any employee, student, parent, or resident of the district to file a complaint regarding alleged discrimination, bullying or harassment as defined by Board policy.

Name of Complainant: _____ Date: _____

Address: _____ Phone: _____

Position: _____ Name of Immediate Supervisor: _____

Reasons(s) for the complaint:

(Be specific about the type of alleged discrimination or harassment.)

Policy, Rules, or Regulations/Alleged to have been violated:

(Be specific)

Description of the Alleged Discrimination/Harassment:

Provide specific facts of which you are aware to support your complaint. List all details and attach additional sheets if necessary. (Who, what, when, where, how often, witnesses, etc.)

Please State the Relief/Action Remedy Sought:

If you will be represented, please identify that individual or organization (if known):

My signature certifies that the information provided is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

The Title IX Coordinator upon receiving the complaint shall immediately begin an initial investigation of the complaint and report in writing within 5 school/business days of date of receipt of the complaint.

Received by: _____ Date _____

**Richmond School District
Grievance Appeal Form**

Complete this form. Send to the District Administrator to hear the grievance. Retain one copy for your records. An appeal must be filled within the time limits provided or it will be dismissed with prejudice.

Employee's Name: _____ Title: _____ Date: _____

1. I wish to appeal the grievance disposition signed by:

Name: _____ Title: _____ Date: _____

2. Nature of Grievance:

3. What provision has been violated?

4. Reason for Appeal:

Employee's Signature: _____ Date: _____

Received by: _____ Date: _____