Discrimination Complaint Procedure

Complaints regarding discrimination or harassment, on any basis protected by law, shall be processed in accordance with the following procedures:

Step 1: Complaints may be oral or in writing and must be filed with the superintendent. Any staff member that receives an oral or written complaint shall report the complaint to the superintendent.

The superintendent shall investigate and determine the action to be taken, if any, and reply in writing to the complainant within 10 school days of receipt of the complaint.

Step 2: If the complainant is not satisfied with the decision of the superintendent, a written appeal may be filed with the Board within five school days of receipt of the superintendent’s response. The Board may decide to hear or deny the request for appeal at a board meeting. The Board may meet with the concerned parties and their representative at the next regular or special Board meeting. The Board’s decision will be final and will address each allegation in the complaint and contain reasons for the Board’s decision. A copy of the Board’s final decision shall be sent to the complainant in writing or electronic form within 10 days of this meeting.

If the superintendent is the subject of the complaint, the complaint may start at Step 2 and be referred to the Board chair. The Board may refer the investigation to a third party.

Complaints against the Board as a whole or against an individual Board member, may start at Step 2 and be submitted to the Board chair and may be referred to district counsel. Complaints against the Board chair may start at Step 2 and be referred directly to the district counsel or Board vice chair.

The timelines established in each step of this procedure may be extended upon mutual consent of the district and the complainant in writing, but will not be longer than 30 days from the date of the submission of the complaint at any step. The overall timeline of this complaint procedure may be extended beyond 90 days from the initial filing of the complaint upon written mutual consent of the district and the complainant.
If the complainant, is a person who resides in the district, a parent or guardian of a student who attends school in the district or is a student, and is not satisfied after exhausting local complaint procedures, the district fails to render a written decision within 30 days of submission of the complaint at any step or fails to resolve the complaint within or 90 days of the initial filing of the complaint, may appeal the district’s final decision to the Deputy Superintendent of Public Instruction under Oregon Administrative Rules (OAR) 581-002-0001 – 002-0023.

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1 An appeal must meet the criteria found in OAR 581-002-0005(1)(a).
Discrimination Complaint Form

Name of Person Filing Complaint ________________ Date ________________ School or Activity ________________

☐ Student/Parent ☐ Employee ☐ Job applicant ☐ Other ________________

Type of discrimination:

☐ Race ☐ Mental or physical disability ☐ Age
☐ Color ☐ Marital status ☐ Sexual orientation
☐ Religion ☐ Familial status ☐ Pregnancy
☐ Sex ☐ Economic status ☐ Discriminatory use of a Native American mascot
☐ National or ethnic origin ☐ Veterans’ status ☐ Other ________________

Specific complaint: (Please provide detailed information including names, dates, places, activities and results of the discussion.) ______________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Who should we talk to and what evidence should we consider? ____________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Suggested solution/resolution/outcome: ____________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

Complainant Signature ________________________________ Date ComplaintFiled ________________

This complaint form should be mailed or submitted to the superintendent.

Direct complaints related to educational programs and services may be made to the U.S. Department of Education, Office for Civil Rights. Direct complaints related to employment may be filed with the Oregon Bureau of Labor and Industries, Civil Rights Division, or the U.S. Department of Labor, Equal Employment Opportunities Commission.