

**Douglas County
School District 15**

Code: **AC-AR**
Adopted: 10/08/03
Readopted: 8/18/14; 10/19/15; 12/11/17
Orig. Code(s): AC-AR

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. 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. 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 made to the Board chair and may be referred to district counsel. Complaints against the Board chair may start at Step 2 and be made directly to district counsel or Board vice chair.

Timelines may be extended based upon mutual consent of both parties in writing.

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 or 90 days, whichever occurs first, he/she may appeal in writing to the Superintendent of Public Instruction under Oregon Administrative Rule (OAR) 581-021-0049.

Discrimination Complaint Form

Name of Person Filing Complaint	Date	School or Activity
<input type="checkbox"/> Student/Parent	<input type="checkbox"/> Employee	<input type="checkbox"/> Nonemployee (Job applicant)
<input type="checkbox"/> Other _____		
Type of discrimination:	<input type="checkbox"/> Race	<input type="checkbox"/> Color
	<input type="checkbox"/> Sex	<input type="checkbox"/> National Origin
	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Age
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Religion
		<input type="checkbox"/> Disability
		<input type="checkbox"/> Sexual Orientation

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

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

Suggested solution/resolution/outcome:

Complainant Signature

Date Complaint Filed

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.