Sexual Harassment Complaint Procedure

The superintendent and/or Board designee have primary responsibility for investigations concerning sexual harassment. The head teacher may also investigate sexual harassment complaints involving students. The investigator(s) shall be a neutral party having had no involvement in the complaint presented.

Step 1 Any sexual harassment information (complaints, rumors, etc.) shall be presented to the superintendent or designee, Board designee or head teacher, as appropriate. All such information shall be reduced to writing and will include the specific nature of the sexual harassment and corresponding dates.

Step 2 The district official receiving the information or complaint shall promptly initiate an investigation. He/She will arrange such meetings as may be necessary to discuss the issue with all concerned parties within five working days after receipt of the information or complaint. All findings of the investigation, including the response of the alleged harasser, shall be reduced to writing. The district official(s) conducting the investigation shall notify the complainant in writing when the investigation is concluded. The parties will have an opportunity to submit evidence and a list of witnesses.

A copy of the notification letter, together with any other documentation related to the sexual harassment incident, including disciplinary action taken or recommended, shall be maintained in the district office.

Step 3 If a complainant is not satisfied with the decision at Step 2, he/she may submit a written appeal to the superintendent or designee. Such appeal must be filed within 10 working days after receipt of the Step 2 decision. The superintendent or designee will arrange such meetings with the complainant and other affected parties as deemed necessary to discuss the appeal. The superintendent or designee shall provide a written decision to the complainant within 10 working days.

Step 4 If a complainant is not satisfied with the decision at Step 3, he/she may submit a written appeal to the Board. Such appeal must be filed within 10 working days after receipt of the Step 3 decision. The Board shall, within 20 working days, conduct a hearing at which time the complainant shall be given an opportunity to present the appeal. The Board shall provide a written decision to the complainant within 10 working days following completion of the hearing.

Direct complaints related to employment may be filed with the U.S. Department of Labor, Equal Employment Opportunity Commission or Oregon Bureau of Labor and Industries. Direct complaints related to educational programs and services may be made to the Regional Civil Rights Director, U.S. Department of Education, Office for Civil Rights, Region X, 915 2nd Ave., Room 3310, Seattle, WA

Sexual Harassment Complaint Procedure - JBA/GBN-AR 1-4
Additional information regarding filing of a complaint may be obtained through the compliance officer or superintendent or designee.

All documentation related to sexual harassment complaints may become part of the student’s education record or employee’s personnel file as appropriate. Additionally, a copy of all sexual harassment complaints and documentation will be maintained as a confidential file and stored in the district office.

The superintendent or designee shall report the name of any person holding a teaching license or registered with Teacher Standards and Practices Commission (TSPC) or participating in a practicum under OAR 584-015-0070 or 584-016-0075 when, after appropriate investigation, there is reasonable cause to believe the person may have committed an act of sexual harassment. Reports shall be made to the TSPC within 30 days of such a finding. Reports of sexual contact with a student shall be given to a representative from law enforcement or the Oregon Department of Human Services, Community Human Services, as possible child abuse. In the event the superintendent or designee is the subject of the investigation, reports, when required, shall be made by the Board chair.
SEXUAL HARASSMENT COMPLAINT FORM

Name of complainant: ____________________________

Position of complainant: ____________________________

Date of complaint: ____________________________

Name of alleged harasser: ____________________________

Date and place of incident or incidents: ____________________________

Description of misconduct: ____________________________

_________________________________________________________________________

_________________________________________________________________________

_________________________________________________________________________

Name of witnesses (if any): ____________________________

_________________________________________________________________________

_________________________________________________________________________

Evidence of sexual harassment, i.e., letters, photos, etc. (attach evidence if possible): ____________________________

_________________________________________________________________________

_________________________________________________________________________

Any other information: ____________________________

_________________________________________________________________________

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: ____________________________ Date: ____________________________
WITNESS DISCLOSURE FORM

Name of Witness: ____________________________________________________________

Position of Witness: ________________________________________________________

Date of Testimony/Interview: ________________________________________________

Description of Instance Witnessed: ____________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Any Other Information: _______________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

I agree that all the information on this form is accurate and true to the best of my knowledge.

Signature: ____________________________ Date: ____________________________