

Sexual Harassment Complaint Procedure

Building principals, the compliance officer (assistant superintendent/personnel director) and the superintendent have responsibility for investigations concerning sexual harassment. The investigator(s) shall be a neutral party having had no involvement in the complaint presented.

Step I Any sexual harassment information (complaints, rumors, etc.) shall be presented to the building principal or compliance officer. All such information shall be reduced to writing and will include the specific nature of the sexual harassment and corresponding dates.

Step II The district official (building principal or compliance officer) 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) shall investigate and report the findings (in writing) to the parties involved within 10 working days after receiving the written complaint. The parties will have an opportunity to submit evidence and a list of witnesses.

The date and details of the written report, together with any other documentation related to the incident, including disciplinary action taken or recommended, shall be forwarded to the superintendent.

Step III If a complainant is not satisfied with the decision at Step II, he/she may submit a written appeal to the superintendent. Such an appeal must be filed within 10 working days after receipt of the Step II 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 IV If a complainant is not satisfied with the decision at Step III, he/she may submit a written appeal to the Board. Such appeal must be filed within 10 working days after receipt of the Step III 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.

Step V If the complaint is not satisfactorily settled at the Board level, the employee may appeal to the U.S. Department of Labor, Equal Employment Opportunity Commission or Oregon Bureau of Labor and Industries; the student may appeal to the Regional Civil Rights Director, U.S.

Department of Education, Office for Civil Rights, Region X, 915 2nd Ave., Room 3310,
Seattle, WA 98174-1099.

The superintendent shall report the name of any person holding a teaching license 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 Teacher Standards and Practices Commission within 30 days of such a finding. Reports of sexual contact with a student shall be given to law enforcement representatives or Oregon Department of Human Services, Community Human Services, representatives as possible child abuse. In the event the superintendent is the subject of the investigation, reports, when required, shall be made by the Board chairman.

Questions concerning this policy and the complaint process should be directed to the Assistant Superintendent/Personnel Director, Compliance Officer, Grants Pass School District No. 7.

SEXUAL HARASSMENT COMPLAINT FORM

Name of complainant: _____

Position of complainant: _____

Date of complaint: _____

Name of alleged harasser: _____

Date and place of incident(s): _____

Description of misconduct: _____

Name of witnesses (if any): _____

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

Any other information: _____

NOTE: If more space is needed, please use the back of this form.

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: _____

NOTE: If more space is needed, please use the back of this form.

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

Signature: _____

Date: _____