

Equal Educational Opportunity

Complaint Process Relating to Discrimination

Federal and state laws prohibit discrimination on the basis of age, disability, national origin, race, marital status, religion, sexual orientation¹, or sex in instructional programs, extracurricular activities and employment. The district has adopted the following process to be used by persons who wish to file complaints relating to discrimination. Complaint forms are available at the district office.

Informal Procedure

Step 1 Inquiries concerning discrimination may be directed to the superintendent for a student, instructional matter or an employment matter. Any person who has a discrimination complaint is encouraged to discuss the complaint with the individual causing the discrimination or the supervisor of the department if the matter pertains to a decision made at the department level.

Step 2 If the complaint cannot be resolved at Step 1, a person may file a complaint with the superintendent if it pertains to a student, instructional matter or employment matter. The complaint shall be reduced to writing, setting forth the factual basis of the alleged discrimination.

Specific details concerning the complaint and the desired remedy should be included on the written form. The form should be taken or mailed to the superintendent.

The superintendent shall investigate the complaint. As part of the investigation, he/she may select two other persons (students, staff or other citizens) to serve with him/her as a panel of three to hear the facts relating to the complaint and consider possible ways of alleviating the problem.

The superintendent will respond in writing to the complaint within 20 days after receiving the complaint.

Step 3 If the complainant is not satisfied with the disposition of the complaint at Step 2, a written appeal may be filed with the Board. The Board shall determine whether or not to review the case based on the written appeal and the record of Step 2 proceedings.

¹“Sexual orientation” means an individual’s actual or perceived heterosexuality, homosexuality, bisexuality or gender identity, regardless of whether the individual’s gender identity, appearance, expression or behaviors differs from that traditionally associated with the individual’s sex at birth.

Sherman County School District

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DISCRIMINATION COMPLAINT FORM

Person filing complaint	Date	Department	
Type of Discrimination:	<input type="checkbox"/> Age	<input type="checkbox"/> Disability	<input type="checkbox"/> National Origin
	<input type="checkbox"/> Race	<input type="checkbox"/> Religion	<input type="checkbox"/> Marital Status
	<input type="checkbox"/> Sex	<input type="checkbox"/> Parental Status	<input type="checkbox"/> Sexual Orientation

Specific Complaint: (Please provide detailed information including names, dates, places, activities and results of informal discussions at Step 1.)

Remedy Requested:

Complaint form should be mailed to the superintendent.