



USD No. 261 Complaint Form

The policies of Board of Education of USD No. 261 prohibit discrimination on the basis of race, color, national origin, disability, religion, genetic information, and sex in all programs and activities of the district. Additionally, discrimination on the basis of age is prohibited in employment. Harassment of individuals on any of these grounds is strictly prohibited. Individuals who believe they have been discriminated against on any of these grounds may file a complaint with the following discrimination coordinator:

District Discrimination Coordinator:	The Asst. Superintendent for Human Resources and Student Services, 1745 W. Grand, Haysville, KS 67060, Gillian Macias, gmacias@usd261.com, 316-554-2206
Title IX Coordinator:	The Asst. Superintendent for Human Resources and Student Services, 1745 W. Grand, Haysville, KS 67060, Gillian Macias, gmacias@usd261.com, 316-554-2206
Complainant Name:	_____
Address:	_____
Email Address:	_____
Telephone Number:	_____
Nature of the Complaint (Please Select Any that Apply):	<p>I believe that I have or someone I know has been subjected to discrimination on the basis of:</p> <p> <input type="checkbox"/> Race <input type="checkbox"/> Color <input type="checkbox"/> National Origin <input type="checkbox"/> Racial Harassment <input type="checkbox"/> Sex <input type="checkbox"/> Sexual Harassment <input type="checkbox"/> Disability <input type="checkbox"/> Religion <input type="checkbox"/> Age <input type="checkbox"/> Genetic Information <input type="checkbox"/> Harassment of the basis of _____ </p> <p>OR <input type="checkbox"/> General Complaint / Not Related to Perceived Discrimination</p> <p>My complaint is not one of perceived discrimination or harassment but is regarding the situation described below.</p>



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Please describe the incident or act complained of:

Please include information about:

- Who was the person engaging in the conduct?
- Who was the conduct directed toward?
- What was the nature of the conduct?
- When did it occur?
- Where did it occur?
- What effect did the incident have on you? What effect did it have on the person allegedly targeted?

Attach additional sheets if necessary.

Were there any witnesses to this incident?

- Yes No

If yes, please indicate who the witnesses were:

What action do you believe the school or district should take with regard to this incident?

If the matter proceeds to an investigation or hearing, will you appear and make and be interviewed and/or testify as to your knowledge of the matter?

- Yes No