

SALEM SCHOOL DISTRICT
Salem, Connecticut

PERSONNEL – CERTIFIED/NON-CERTIFIED

EQUAL EMPLOYMENT OPPORTUNITY / NONDISCRIMINATION

The purpose of this procedure is to secure, at the lowest possible administrative level, equitable solutions to problems which may arise concerning claims of discrimination. Evidence of reprisal against a complainant or witness shall be viewed as a violation of this policy.

Any person who wishes to inquire or to register a complaint concerning alleged discrimination in the Salem School District shall have an opportunity to bring such concerns to the attention of either of the Title IX Coordinators or the Superintendent, who has the authority to resolve such complaints. The following grievance procedure shall be utilized by any student, parent or employee in making a complaint or inquiry. Officials shall be governed by this procedure.

Level I: The complainant shall discuss the alleged discriminatory act or practice with the Title IX Coordinators or individual closest to the daily decision-making level. This will normally be a principal, teacher, counselor, head custodian, or supervisor. If satisfaction cannot be achieved through informal discussion, the following procedure must be initiated.

Level II: The complainant shall, within forty (40) calendar days of the alleged incident, on forms provided, put the complaint in writing and file it with either of the Title IX Coordinators. Within five (5) working days a conference must be held. Within five (5) working days following the conference, the complaint must be resolved to the satisfaction of both parties or referred to the Superintendent. Within five (5) working days the Title IX Coordinator shall notify the Superintendent and must notify the complainant of this notification. The Board will be apprised by the Superintendent of any grievance reaching Level II.

Level III: Within ten (10) working days after receipt of such complaint, the Superintendent must hold a hearing, and within five (5) working days of the hearing resolve the complaint, negotiate a long-term solution or refer the matter to the Board of Education for consideration.

Level IV: The Board of Education, Superintendent and the Title IX Coordinators shall proceed in accordance with appropriate laws or regulations.

Procedures 1st Reading: January 7, 2013

Procedures Adopted: January 22, 2013

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REPORT FORM FOR COMPLAINTS OF DISCRIMINATION

Complainant: _____
Home Address: _____
Home Phone/Cell: _____
Location of Alleged Incident(s): _____
Date of Alleged Incident(s): _____

Alleged harassment was based on: (Check all that apply)

- | | | |
|-----------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Race | <input type="checkbox"/> Color | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Gender | <input type="checkbox"/> Disability | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Age | <input type="checkbox"/> Sexual Orientation |

Name of person you believe violated the District's nondiscrimination policy:

If the alleged discrimination was directed against another person, identify the other person:

Describe the incident as clearly as possible, including any verbal statements (i.e., threats, derogatory remarks, demands, etc.) and any actions or activities. Attach additional pages if necessary.

When and where did the incident occur: _____

List any witnesses who were present: _____

This complaint is based on my honest belief that _____ has discriminated against me or another person. I certify that the information provided in this complaint is true, correct and complete to the best of my knowledge.

Complainant's Signature

Date

Received By (Signature)

Date