

Any person may also contact the Equal Employment Opportunity Commission for concerns relating to the Age Discrimination in Employment Act, or Title VII.

Robert A. Young Federal Building
1222 Spruce Street
Room 8.100
St. Louis, MO 63103
Telephone: 800-669-4000

Other agencies dealing with non-discrimination issues include:

Missouri Commission for Human Rights
Department of Labor and Industrial Relations
P.O. Box 1129
3315 W. Truman Blvd.
Telephone: 573-751-3325

U.S. Department of Justice
950 Pennsylvania Ave., NW
Washington, DC 20530-0001
Telephone: 202-353-1555

Nondiscrimination and Student Rights

Discrimination and Harassment Prohibited Notice

Notice of Non-Discrimination

The District does not discriminate on the basis of race, color, national origin, ethnicity, sex, religion, disability, age, sexual orientation or perceived sexual orientation in its programs, activities or employment practices. The following persons have been designated to handle inquiries regarding the non-discrimination policies:

Section 504 Coordinator [other title, or specific name] [address] Telephone:	Title VI Coordinator [other title, or specific name] [address] Telephone:	Title IX Coordinator [other title, or specific name] [address] Telephone:
Americans with Disabilities Act (Title II) Coordinator [other title, or specific name] [address] Telephone:	Age Discrimination Act and Age Discrimination in Employment Act Coordinator [other title, or specific name] [address] Telephone:	Title VII Coordinator [other title, or specific name] [address] Telephone:

Any person may also contact the Kansas City Office for Civil Rights, U.S. Department of Education, regarding the District's compliance with Section 504, Title II, Title VI, Title IX, and the Age Discrimination Act.

Office for Civil Rights
U.S. Department of Education
8930 Ward Parkway, Suite 2037
Kansas City, MO 64114-3302
Telephone: 816-268-0550

Nondiscrimination and Student Rights

Sexual Harassment Prohibited Notice

**SEXUAL HARASSMENT PROHIBITED
NOTICE
TO ALL EMPLOYEES AND STUDENTS
REGARDING SEXUAL HARASSMENT**

The _____ School District is committed to an academic and work environment in which all students and employees are treated with dignity and respect. Sexual harassment of students and employees whether committed by supervisors, employees or students and regardless of whether the victim is an employee or student will not be tolerated.

Sexual harassment includes but is not limited to:

1. sexual slurs, threats, verbal abuse and sexually degrading descriptions
2. graphic verbal comments about an individual's body
3. sexual jokes, notes, stories, drawing, pictures or gesture
4. spreading sexual rumors
5. touching an individual's body or clothes in a sexual way
6. displaying sexually suggestive objects
7. covering or blocking of normal movements
8. unwelcomed sexual flirtation or propositions
9. acts of retaliation against a person who reports sexual harassment.

Inquiries, complaints or grievances from students and their parents and employees regarding sexual harassment or compliance with Title IX may be directed to the Superintendent of Schools, to the District's Title IX Coordinator or the Director of the Office of Civil Rights, Department of Education, Washington, D.C.

The District's Title IX Coordinator is

Name		Title	
Address	City	State	Zip
Office Telephone Number			

When and where did the incident occur? _____

List any witnesses who were present: _____

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

Complainant's Signature

Date

Witness

Date

Received By

Date Received

Nondiscrimination and Student Rights

Harassment Grievance Form

HARASSMENT/DISCRIMINATION GRIEVANCE FORM

Complainant: _____

Home Address: _____

Work Address: _____

Home Phone: _____

Work Phone: _____

Date of Alleged Incident(s): _____

Did the incidents involve: sexual harassment/discrimination, racial harassment/discrimination, harassment/discrimination because of age, harassment/discrimination because of color, national origin or ethnicity, harassment/discrimination because of disability, harassment/discrimination because of sexual orientation or perceived sexual orientation (*circle all that apply*).

Name of person you believe harassed or discriminated against you or another person:

If the alleged harassment/discrimination was toward another person, identify that other person:

Describe the incident as clearly as possible, including such things as what force, if any, was used, any verbal statements (i.e. threats, requests, demands, etc.), what, if any physical contact was involved. Attach additional pages as necessary.

