

UNIFORM GRIEVANCE PROCEDURE COMPLAINT FORM
Board Policy 2:260

General Statement of Policy

The School District prohibits conduct that violates Board of Education policies, District administrative procedures, and laws and regulations governing schools as described in Board Policy 2:260. This includes all prohibited forms of discrimination, harassment, bullying, violence, and other inappropriate conduct against members of the school or District community, including students and employees.

This form provides a method by which you can file a complaint alleging a violation of rights protected by Board policies, District administrative procedures, and laws and regulations governing schools as described in Board Policy 2:260. You do not have to use this form to file such a complaint with the District. You may send the District a complaint in another way, but that complaint should include the information requested in this form. If you decide to use this form, please type or print all the information and use additional pages if more space is needed. This is a fillable form, meaning you can add x marks to checkboxes and fill forms where additional information is requested. You may sign the complaint electronically and submit the completed form to stangee@sunsetridge29.org.

Before completing this form, please review the Board's [Title IX/Harassment Resources](#) online as well as the Board's policies, particularly Board Policies 2:260 and 2:265. The Board's policy handbook is available online at <http://www.sunsetridge29.org/>. Note that complaints of Title IX Sexual Harassment should be filed using Board Policy 2:265 and the related Title IX Sexual Harassment Formal Grievance Form.

Reporting Party Information

Reporting Party Name: _____

***The "Reporting Party" is the person who is completing or providing information for the completion of this form.**

Name of Person(s) Completing Form (if different than Reporting Party): _____

Status of the Reporting Party (check all that are relevant):

☐ Employee

☐ Student

☐ Parent

☐ Other (please describe _____)

For the Reporting Party, provide:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Complainant Information

Is the person whose rights you are reporting have been violated (known as the “Complainant”) the same as the Reporting Party?

☐ Yes, the person whose rights have been violated is the Reporting Party

☐ No, I am reporting that someone else’s rights have been violated.

If the Complainant is not the Reporting Party, provide the following for the Complainant (if known):

Complainant Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Relationship to the Reporting Party: _____

Status of the Complainant if someone other than the Reporting Party (check all that are relevant):

☐ Employee

☐ Student

☐ Parent

☐ Other (please describe _____)

Is the Complainant under the age of 18? ☐ Yes ☐ No

***If the Complainant is age 18 or older, that person may complete this form on their own behalf. If the Complainant is under 18, the child’s parent or legal guardian should complete this form.**

Parent/Guardian of Minor Complainant

If the Complainant is under the age of 18, provide the following for the Complainant’s parent or legal guardian (if known):

Parent/Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Relationship to the Complainant: _____

Respondent Information

Respondent Name: _____

***The "Respondent" is the person who you are reporting violated the rights of the Complainant. If there are multiple Respondents, use additional pages to provide name and status information for all Respondents.**

Status of the Respondent (check all that are relevant):

- ☐ Employee
- ☐ Student
- ☐ Parent
- ☐ Other (please describe _____)

Incident Information

What incident(s) or actions make you believe there was a violation of rights:

When did the incident(s) occur? Provide as much details as possible (e.g., specific dates and times of incidents, start date/end date for a range of conduct, etc.).

Where did the incident occur?

- ☐ In school
- ☐ On or adjacent to school property
- ☐ On a school bus or other school vehicle
- ☐ At a designated school bus stop while waiting for the school bus
- ☐ At a school-sponsored or -sanctioned event or activity
- ☐ Through transmission of information from a school computer, a school computer network, or other similar electronic school equipment
- ☐ Off-campus during school time or school hours
- ☐ Off-campus outside of school time or school hours
- ☐ Other

Regardless of which option you chose above, describe as specifically as possible where the incident occurred?

What right(s) do you believe was/were violated? (check all that are relevant)

• **Discrimination, Including Different Treatment, Bullying, or Harassment based on:**

- | | |
|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Age |
| <input type="checkbox"/> Color | <input type="checkbox"/> Religion |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Physical or Mental Disability |
| <input type="checkbox"/> Military Status | <input type="checkbox"/> Order of Protection Status |
| <input type="checkbox"/> Unfavorable Discharge Status from
Military Service | <input type="checkbox"/> Status of Being Homeless |
| <input type="checkbox"/> Sex | <input type="checkbox"/> Actual or Potential Marital Status |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Actual or Potential Parental Status |
| <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Gender-Related Identity or Expression | <input type="checkbox"/> Economic Status |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Immigration Status |
| <input type="checkbox"/> Another Distinguishing Characteristic (State which: _____) | |
| <input type="checkbox"/> The perception that the Complainant was a person or member of a group with one or more of
the aforementioned actual or perceived characteristics. (State which: _____) | |
| <input type="checkbox"/> Association with a person or group with one or more of the aforementioned actual or perceived
characteristics (State which: _____) | |
| <input type="checkbox"/> Other (describe: _____) | |

• **Another State or federal statute or constitutional provision**

- ☐ Title II of the Americans with Disabilities Act
- ☐ Title IX of the Education Amendments of 1972
- ☐ Section 504 of the Rehabilitation Act of 1973
- ☐ Equal Employment Opportunities Act (Title VII of the Civil Rights Act)
- ☐ State Officials and Employees Ethics Act
- ☐ Illinois Human Rights Act

- ☐ Title VI of the Civil Rights Act of 1964
- ☐ 105 ILCS 5/10-20.50 (Breastfeeding Accommodations for Students)
- ☐ 105 ILCS 5/27-23.7 (Bullying)
- ☐ 820 ILCS 180/ (Victims' Economic Security and Safety Act)
- ☐ 820 ILCS 112/ (Illinois Equal Pay Act of 2003)
- ☐ 740 ILCS 174/ (Illinois Whistleblower Act)
- ☐ 820 ILCS 70 (Employee Credit Privacy Act)
- ☐ 410 ILCS 513/ and Titles I and II of the Genetic Information Nondiscrimination Act (GINA), 42 U.S.C. §2000ff *et seq.* (Misuse of Genetic Information)
- ☐ Other (provide legal provision(s): _____)

- **Another Board Policy or Administrative Procedure**

- ☐ Misuse of funds received for services to improve educational opportunities for educationally disadvantaged or deprived children
- ☐ Curriculum, instructional materials, and/or programs
- ☐ Provision of services to homeless students
- ☐ Other (provide policy or procedure number(s): _____)

- **Retaliation**

- ☐ Retaliation (Provide description including the adverse act, the right exercised or process involving participation of a right participated in, and the reason you believe the two are connected: _____)

***Note: Matters not involving one of the above should be addressed at the classroom or building level.**

Have you attempted to resolve this issue with any other person or entity or filed any other complaint regarding this incident, including speaking to any school or District employee or official, either inside or outside of the District?

☐ Yes ☐ No

If yes, describe the efforts and what, if any, results were obtained:

Do you have any written documents that may be relevant or supportive of your complaint, such as, but not limited to, emails, screen shots, letters, etc. ☐ Yes ☐ No

If yes, describe the documents provided and their relevance, and provide copies with this complaint:

What would you like the District to do as a result of your complaint – what remedy are you seeking?
***Note that there is no guarantee that any requested remedy will be available or granted.**

Notice Regarding Information Use and Disclosure

The purpose and intended use of the information requested in this form is to allow the District to investigate your complaint and to take any necessary actions, including disciplinary action, that are justified as a result. The District will handle the information you provide in a discreet manner and as confidentially as possible, in compliance with all relevant laws.

However, the District cannot guarantee confidentiality of information provided. To fully investigate and take appropriate action, it may be necessary to allow select others access to the information you supply, including, but not limited to, the subject of the complaint and the names and other personal information of parties and witnesses. For example, in many cases, to decide whether a member of the school or District community discriminated against or otherwise violated the rights of a person, the District will need to reveal that person’s name and other personal information to the responding party/parties, witnesses, and others, including employees at the school or District as necessary to verify facts or get additional information. When the District does that, it informs those individuals that all forms of retaliation against a person so identified or other individuals associated with the person so identified are prohibited.

If you do not grant the authority to reveal information as described above, it may hinder the District’s ability to address your complaint. Regardless of whether you provide consent to reveal the information described above, the District in some cases will be required to reveal that information if it has actual or constructive notice of certain types of serious conduct that could impact the greater District or school community. In some cases, the District will be required to share information in response to a law or court order. In most cases, unless it is not feasible to do so without violating law or a court order, you will be notified before your name or personal information is shared.

Do you give the District consent to reveal the information provided, including your identity (and that of your minor child/ward on whose behalf the complaint is filed), to others to further investigation and resolution activities? ☐ Yes ☐ No

Do you have any other information you would like to share regarding this complaint:

Date and sign your complaint. If a Complainant under the age of 18 is filing the complaint, the Complainant’s parent or guardian should sign the complaint. By signing below, you certify that the information you have provided is true, correct, and complete to the best of your knowledge and belief.

Name: _____

Relationship to Complainant: _____

Signature: _____

Date: _____

For Office Use Only

Date received: _____

Received by (name): _____

Immediate step(s) taken: _____