U.S.D. No. 475
Complaint of Discrimination Form

The policies of Board of Education of U.S.D. No. 475 prohibit discrimination on the basis of race, color, national origin, disability, religion 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 coordinators:

District Discrimination Coordinator: Name: District Compliance Coordinator, 123 N. Eisenhower, Junction City, KS, 66441, (785) 717-4000

Name of Complainant: Address: Telephone Number:	_____ _____ _____
Nature of the Complaint:	I believe that I have been subjected to discrimination on the basis of: ☐ Race ☐ Color ☐ National Origin ☐Racial Harassment ☐ Sex ☐ Sexual Harassment ☐ Disability ☐Religion ☐ Age ☐ Harassment on the basis of _____
Please describe the incident or act complained of: Please include information about: • Who was the person engaging in the conduct? • What was the nature of the conduct? • When did it occur? • Where did it occur? • What effect did the incident have on you?	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ 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 should take with regard to this incident?	_____ _____ _____

If this matter proceeds to a formal or informal hearing, will you appear and testify as to your knowledge of the matter? ☐ Yes ☐ No

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