



Independent School District 152



1313 30th Ave. S., Moorhead, MN 56560



Phone: 218-284-3300



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Discrimination Complaint Form

Administrative Procedure: 401.2

Section: 400 EMPLOYEE/PERSONNEL

Date Adopted: 10/30/2006

Date Revised: 11/10/14

Dates Reviewed: 2/12/2018

GENERAL STATEMENT OF POLICY PROHIBITING UNLAWFUL DISCRIMINATION

Moorhead Area Public Schools maintains a firm policy prohibiting all forms of unlawful discrimination. All students and parents/guardians of students or school district employees are to be treated with respect and dignity. Unlawful discrimination by any teacher, administrator, or other school personnel will not be tolerated under any circumstances.

Directions: Completed forms are to be given to either your supervisor or to the human resources department. This complaint may be in either oral or written form. If assistance is needed to complete this form in either an oral or written manner, please request help from the human resources department (218/284-3350).

Grievant: _____

Home Address: _____

Work Address: _____

Home Phone: _____ Work Phone: _____

Date of Alleged Incident(s): _____

Name of person(s) you believe unlawfully discriminated against you: _____

If the alleged discrimination was against another person, identify that person: _____

Describe the incident(s) as clearly as possible, including such things as: a. Verbal statements (i.e. threats, requests, demands, etc.); b. What, if any, physical contact was involved; etc. (Attach additional pages if necessary):

Where did the incident(s) occur: _____

List any witnesses that were present: _____

This complaint is filed based on my honest belief that _____
Has unlawfully discriminated against me. I hereby certify that the information I have provided in
this complaint is true, correct, and complete to the best of my knowledge and belief.

Grievant Signature _____ Date _____

Received by: _____ Date _____