

# Pinehurst School District 94

Code: AC-AR  
Adopted: Unknown  
Revised/Readopted: 11/10/21  
Orig. Code: AC-AR

## Discrimination Complaint Procedure

Complaints regarding discrimination or harassment, on any basis protected by law, shall be processed in accordance with the following procedures:

**Step 1:** Complaints may be oral or in writing and must be filed with the district administrator. Any staff member that receives an oral or written complaint shall report the complaint to the principal.

The district administrator shall investigate and determine the action to be taken, if any, and reply in writing, to the complainant within 10 school days of receipt of the complaint.

**Step 2:** If the complainant is not satisfied with the decision of the district administrator or designee, a written appeal may be filed with the Board within five school days of receipt of the district administrator's or designee's response to Step 1. The Board may decide to hear or deny the request for appeal at a Board meeting. If the Board decides to hear the appeal, the Board may meet with the concerned parties and their representative at the next regular Board meeting. The Board's decision will be final and will address each allegation in the complaint and contain reasons for the Board's decision. A copy of the Board's final decision shall be sent to the complainant in writing or electronic form within 10 days of this meeting.

If the district administrator is the subject of the complaint, the individual may start at Step 2 and should file a complaint with the Board.

Complaints against the Board as a whole or against an individual Board member, may be referred to district counsel.

The timelines established in each step of this procedure may be extended upon mutual consent of the district and the complainant in writing[, but will not be longer than 30 days from the date of the submission of the complaint at any step]. The overall timeline of this complaint procedure may be extended beyond 90 days from the initial filing of the complaint upon written mutual consent of the district and the complainant.

The complainant, if a person who resides in the district, a parent or guardian of a student who attends school in the district or a student, is not satisfied after exhausting local complaint procedures, the district fails to render a written decision within 30 days of submission of the complaint at any step or fails to resolve the complaint within 90 days of the initial filing of the complaint, may appeal<sup>1</sup> the district's

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<sup>1</sup> An appeal must meet the criteria found in OAR 581-002-0005(1)(a).

final decision to the Deputy Superintendent of Public Instruction under Oregon Administrative Rules (OAR) 581-002-0001 – 581-002-0023.

### **DISCRIMINATION COMPLAINT FORM**

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|                                 |      |                    |
|---------------------------------|------|--------------------|
| Name of Person Filing Complaint | Date | School or Activity |
|---------------------------------|------|--------------------|

Student/Parent  Employee  Job applicant  Other  \_\_\_\_\_

Type of discrimination:

|  |  |   |
|--|--|---|
| <input type="checkbox"/> Race                      | <input type="checkbox"/> Mental or physical disability | <input type="checkbox"/> Age  |
| <input type="checkbox"/> Color                     | <input type="checkbox"/> Marital status                | <input type="checkbox"/> Sexual orientation                             |
| <input type="checkbox"/> Religion                  | <input type="checkbox"/> Familial status               | <input type="checkbox"/> Pregnancy                                      |
| <input type="checkbox"/> Sex                       | <input type="checkbox"/> Economic status               | <input type="checkbox"/> Discriminatory use of a Native American mascot |
| <input type="checkbox"/> National or ethnic origin | <input type="checkbox"/> Veterans' status              | <input type="checkbox"/> Other _____                                    |
| <input type="checkbox"/> Gender identity           |  |   |

Specific complaint: (Please provide detailed information including names, dates, places, activities and results of the discussion.) \_\_\_\_\_

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Who should we talk to and what evidence should we consider? \_\_\_\_\_

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Suggested solution/resolution/outcome: \_\_\_\_\_

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This complaint form should be mailed or submitted to the district administrator.

Direct complaints related to educational programs and services may be made to the U.S. Department of Education, Office for Civil Rights. Direct complaints related to employment may be filed with the Oregon Bureau of Labor and Industries, Civil Rights Division, or the U.S. Department of Labor, Equal Employment Opportunities Commission.