

**PROHIBITION AGAINST DISCRIMINATION, HARASSMENT AND RETALIATION**  
*(Grievance Form)*

Once completed, file this form with the compliance officer. If you have any questions or need assistance, contact:

Compliance Officer, Assistant Superintendent of Personnel & Operations  
998 Platte Falls Road, Platte City, MO 64079  
816-858-5420  
816-858-5593  
gardnerr@platteco.k12.mo.us

**Grievant's Contact Information**

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

School (if applicable): \_\_\_\_\_

Relationship to the District:  Student  Parent/Guardian  Employee  Other \_\_\_\_\_

**Discrimination/Harassment/Retaliation Grievance** (Use additional sheets if necessary.)

Please list all factual information you have regarding the alleged discrimination, harassment or retaliatory actions, as well as the reasons you believe these actions violate district policy. Be complete and use full names/titles, dates, exact locations and specific occurrences, if appropriate.

\_\_\_\_\_  
\_\_\_\_\_

List the names of witnesses to the alleged misconduct.

\_\_\_\_\_  
\_\_\_\_\_

List the names of any persons who may have been victims of this alleged discrimination/ harassment/retaliation.

\_\_\_\_\_  
\_\_\_\_\_

Have you brought your concern to the attention of a district employee or any other person? If so, list the names of those individuals:

\_\_\_\_\_  
\_\_\_\_\_

What results are you seeking by filing this form?

\_\_\_\_\_  
\_\_\_\_\_

I have read policy AC, including the time limits and other provisions governing the grievance process.

Signature of Grievant

Date

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**Note:** *The reader is encouraged to review policies and/or procedures for related information in this administrative area.*

Implemented: July 2012

Revised: July 2012

Platte County R-III School District

998 Platte Falls Road

Platte City, MO 64079