## Auburn-Washburn USD No 437 Complaint of Discrimination Form

| The policies of Board of Education of U.S.D. No. 437 prohibit discrimination on the basis of race, color, national origin, disability, religion<br>and sex in all programs and activities of the district. Additionally, discrimination on the basis of age is prohibited in employment.<br>Harassment of individuals on any of these grounds is strictly prohibited. |   |
|---|---|
| Individuals who believe they have been discriminated against on any grounds may file a complaint with the following:<br>Superintendent or superintendent's designee<br>5928 SW 53 <sup>rd</sup> Street, Topeka, KS 66610<br>(785) 339-4000  |   |
| Name of Complainant:<br>Address:<br>Telephone Number:<br>Nature of the  | I believe that I have been subjected to discrimination on the basis of:   |
| Complaint:  | □ Race       □ Color       □ National Origin       □ Racial Harassment         □ Sex       □ Sexual Harassment       □ Disability       □ Religion         □ Age       □ Harassment on the basis of |
| <ul> <li>Please describe the incident or act complained of:</li> <li>Please include information about:</li> <li>Who was the person engaging in the conduct?</li> <li>What was the nature of the conduct?</li> <li>When did it occur?</li> <li>Where did it occur?</li> <li>What effect did the incident have on you?</li> </ul>                                       | Attach additional sheets if necessary.  |
| Were there any<br>witnesses to this<br>incident?  | □ Yes □ No<br>If yes, please indicate who the witnesses were:   |
| What action do you<br>believe the school<br>should take with<br>regard to this<br>incident?<br>If this matter proceeds to a   | formal or informal hearing, will you appear and testify as to your knowledge of the   |