

Section: Foundations and Basic Commitments

Title: Prohibition Against Discrimination, Harassment and Retaliation (Level II Grievance Report)

Number: AC-R4

Adopted: June 13, 2013

**CONFIDENTIAL - For Internal Use Only**  
**To Be Completed by the Superintendent or Designee**  
**Attach additional sheets if necessary.**

Name of Grievant: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date Grievance Was Filed: \_\_\_\_\_ Date Appeal Was Filed: \_\_\_\_\_

After review of the report and the investigation conducted:

\_\_\_\_ I agree with the decision of the compliance officer.

\_\_\_\_ I believe further investigation is necessary.

\_\_\_\_ I find the following: \_\_\_\_\_

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

It is more likely than not that the district's policy prohibiting discrimination, harassment and retaliation \_\_\_\_ was \_\_\_\_ was not violated. Reasoning (if different from the previous report):

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

It is more likely than not that other district policies, regulations, procedures or expectations

\_\_\_\_ were \_\_\_\_ were not violated. Reasoning (if different from the previous report): \_\_\_\_

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

**Corrective Action**

Is corrective action needed? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, state the type of corrective action recommended.

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\_\_\_\_\_  
Signature of Superintendent's Designee (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Superintendent

\_\_\_\_\_  
Date

Park Hill School District, Platte County, MO