

Title: Discrimination Or Harassment Complaints And Section 504 Grievance Procedure And Form - Students
Number: 5111.5

FOR USE BY STUDENTS OR PARENTS FOR ALLEGED VIOLATIONS OF POLICIES [5111.5](#) AND [5111.52](#)

This procedure and the related Complaint Form are to be used only for alleged violations of policy [5111.5](#) and [5111.52](#). This procedure and the related form are to be used for allegations of discrimination, including harassment, on the basis of race, color, national origin, ancestry, religion, sex, age and disability or violations of ORC 3313.666. Any other allegations of harassment, outside the coverage of policy [5111.5](#) or [5111.52](#) are to be handled as an alleged violation of the student code of conduct, as applicable. This form is to be used by students self-reporting or reports by parents of minor students. School personnel reporting violations of Policy [5111.52](#) should use Form #2 for Policy [5111.52](#).

(To be Completed in Triplicate)

Section I
IDENTIFICATION OF COMPLAINANT

Name _____ Telephone Number _____

Home Address (Street, City, Zip Code) _____

Campus _____ Program _____

_____ Junior _____ Senior _____ Adult (Post-High School) Student

Section II
DESCRIPTION OF COMPLAINT

Date _____ Time _____

Name of Person(s) Who You Believe Violated Your Rights or Harassed You?

Is This Person a Student, Staff Member, or Other (Describe)?

Exact Place Incident Occurred

Persons Present or Witnessing Student or Title, or Position

Section III

A. Concise statement of facts reciting basis of complaint, which alleges non-compliance.

B. How do you interpret this situation or incident to be a violation of your civil rights?

C. Did you make an effort to correct the situation by suggestions or actions? Explain and give the results as you see them.

D. Describe the remedy you are seeking.

E. Confidentiality

To the best of my knowledge, the information I have presented is true. I understand that I can request my identity not be revealed to the person or persons who I believe have participated in the discrimination or harassment. If I choose not to have my identity revealed to such person or persons, I understand it may be impossible to investigate the matter completely and to propose a solution.

Circle One: *I do/I do not* request that my identify be revealed as described above.

Student's Signature

Parent's Signature

(if student is under 18 years of age)

Please provide the original to the Vice President/Performance and Outcomes. You will receive a written reply or decision from the Vice President of Performance and Outcomes or designee after a review of the matter is conducted.

Section IV
FURTHER APPEAL

If the determination of the Vice President of Performance and Outcomes or designee does not resolve the matter, further appeal may be made in accordance with the procedures as outlined in Great Oaks [5111.5](#) and [5111.52](#). Procedures, Discrimination or Harassment Complaints and Section 504 Grievance Procedure – Students.

CROSS REFERENCE: Great Oaks Policy [5111.5](#) Nondiscrimination and Equal Opportunity in Educational Programs and Activities – Students

Great Oaks Policy [5111.52](#) Prohibition Of Harassment Or Bullying Of
Students Pursuant To Ohio Revised Code
Section 3313.666

Great Oaks Policy 5111.6 Sexual Harassment
Revised May 2003
Revised December 2007