

REGIONAL OFFICE OF EDUCATION #30
CIVIL RIGHTS POLICY and PROCEDURES

Equal Educational Opportunities

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. Equal educational and extracurricular opportunities shall be available for all students without regard to color, race, nationality, religion, sex, sexual orientation, ancestry, age; physical or mental disability, gender identity, status of being homeless, immigration status, order of protection status, actual or potential marital or parental status, including pregnancy. Further, the Regional Office of Education #30 will not knowingly enter into agreements with any entity or any individual that discriminates against students on the basis of sex or any other protected status, except that the Regional Office of Education #30 remains viewpoint neutral when granting access to school facilities under Executive Council policy 8:20, *Community Use of School Facilities*. Any student may file a discrimination grievance by using Council policy 2:260, *Uniform Grievance Procedure*.

Administrative Implementation

An allegation that a student was a victim of any prohibited conduct perpetrated by a staff member or another student shall be referred to the ROE #30 Nondiscrimination Coordinator for appropriate action.

ROE #30 Nondiscrimination Coordinator:

Cheryl Graff, Regional Superintendent
1001 Walnut St.
Murphysboro, IL 62966
cgraff@roe30.org
618-687-7290

The identified Coordinator shall use reasonable measures to inform staff members and students of this policy, such as, by including it in the appropriate handbooks and on the Regional Office of Education #30 web site—www.roe30.org. The Coordinator will compile data, maintain records, and submit reports as required to permit effective enforcement of nondiscrimination laws, regulations, policies, instructions, and guidelines.

Any Regional Office of Education #30 employee who is determined, after an investigation, to have engaged in conduct prohibited by this policy will be subject to disciplinary action up to and including discharge. Any Regional Office of Education #30 student who is determined, after an investigation, to have engaged in conduct prohibited by this policy will be subject to disciplinary action, including but not limited to, suspension and expulsion consistent with the behavior policy. Any person making a knowingly false accusation regarding prohibited conduct will likewise be subject to disciplinary action up to and including discharge, with regard to employees, or suspension and expulsion, with regard to students.

The Coordinator will submit all complaints to the Office of Civil Rights. The Illinois regional Office of Civil Rights is located in Chicago at:

Chicago Office for Civil Rights
U.S. Department of Education Citigroup Center
500 West Madison Street, Suite 1475
Chicago, IL 60661

Phone: 312/730-1560
Fax: 312/730-1567
TDD: 877/521-2172

Email: OCR.Chicago@ed.gov

COMPLAINT FORM

The purpose of this form is to assist you in filing a complaint with the Regional Office of Education #30. You are not required to use this form; a letter with the same information is sufficient. However, the information requested in the items marked with a star (*) must be provided, whether or not the form is used. The information will be forwarded to

1 State your name and address:

Name: _____

Address: _____

Telephone No.: Home: () _____ Work: () _____

2 *Person(s) discriminated against, if different from above:

Name: _____

Address: _____

Telephone No.: Home: _____ Work: _____

3 * Agency and department or program that discriminated:

Name: _____

Any individual if known: _____

Address: _____

Telephone No.: _____

4 * Nonemployment: Does your complaint concern discrimination in the delivery of services or in other discriminatory actions in the department or agency in its treatment of you or others? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken (e.g., "Race: African American" or "Sex: Female").

_____ Race/Color: _____

_____ National Origin: _____

_____ Sex: _____

_____ Religion: _____

_____ Age: _____

_____ Disability: _____

* Employment: Does your complaint concern discrimination in employment by the department or agency? If so, please indicate below the base(s) on which you believe these discriminatory actions were taken (e.g., "Race: African American" or "Sex: Female").

_____ Race/Color: _____

_____ National Origin: _____

_____ Sex: _____

_____ Religion: _____

_____ Age: _____

_____ Disability: _____

5 What is the most convenient time and place for us to contact you about this complaint?

6 If you have an attorney representing you concerning the matters raised in this complaint, please provide the following:

Name: _____

Address: _____

Telephone No.: () _____

7 *To your best recollection, on what date(s) did the alleged discrimination take place?

Earliest date of discrimination:

Most recent date of discrimination:

8 Complaints of discrimination must generally be filed within 180 days of the alleged discrimination. If the most recent date of discrimination, listed above, is more than 180 days ago, you may request a waiver of the filing requirement. If you wish to request a waiver, please explain why you waited until now to file your complaint.

9 * Please explain as clearly as possible what happened, why you believe it happened, and how you were discriminated against. Indicate who was involved. Be sure to include how other persons were treated differently from you. (Please use additional sheets if necessary and attach a copy of written materials pertaining to your case.)

10 The laws we enforce prohibit recipients of Federal financial assistance from intimidating or retaliating against anyone because he or she has either taken action or participated in action to secure rights protected by these laws. If you believe that you have been retaliated against (separate from the discrimination alleged in #10), please explain the circumstances below. Be sure to explain what actions you took which you believe were the basis for the alleged retaliation.

11 Please list below any persons (witnesses, fellow employees, supervisors, or others) if known, whom we may contact for additional information to support or clarify your complaint.

Name: _____

Address: _____

Telephone No.: () _____

12 Do you have any other information that you think is relevant to our investigation of your allegations?

13 What remedy are you seeking for the alleged discrimination?

14 Have you (or the person discriminated against) filed the same or any other complaints with other offices of the U.S. Government (including U.S. Department of Agriculture)?

Yes _____ No _____

If so, do you remember the Complaint number?

Which agency and department or program was it filed with?

Address: (Include City, State, and Zip Code)

Telephone Number () _____

Date of Filing: _____

Government Agency: _____

Briefly describe the nature of the complaint:

What was the result?

15 Have you filed or do you intend to file a charge or complaint concerning the matters raised in this complaint with any of the following?

- U.S. Equal Employment Opportunity Commission
- Federal or State Court
- Your State or local Human Relations/Rights Commission
- Grievance or complaint office

16 If you have already filed a charge or complaint with an agency indicated in #15, above, please provide the following information (attach additional pages if necessary):

Agency: _____
 Date Filed: _____
 Case or Docket Number: _____
 Date of Trial/Hearing: _____
 Location of Agency/Court: _____
 Name of Investigator: _____
 Status of Case: _____

Comments: _____

17 While it is not necessary for you to know about aid that the agency or institution you are filing against receives from the Federal government, if you know of any Food and Nutrition Service funds or assistance received by the program or department in which the alleged discrimination occurred, please provide that information below.

* We cannot accept a complaint if it has not been signed. Please sign and date this complaint form below.

Signature

Date

Please feel free to add additional sheets to explain the present situation to us.

We will need your consent to disclose your name, if necessary, in the course of any investigation. Therefore, we will need a signed Consent Form from you. (If you are filing this complaint for a person whom you allege has been discriminated against, we will in most instances need a signed Consent Form from that person.)

COMPLAINANT CONSENT/RELEASE FORM

Your Name: _____

Address: _____

Please read the information below, initial the appropriate space, and sign and date this form on the lines at the bottom of this form.

I have read the Notice of Investigatory Uses of Personal Information by the USDA, Food and Nutrition Service (FNS). As a complainant, I understand that in the course of a preliminary inquiry or investigation it may become necessary for FNS to reveal my identity to persons at the organization or institution under investigation. I am also aware of the obligations of FNS to honor requests under the Freedom of Information Act. I understand that it might be necessary for FNS to disclose information, including personally identifying details, which it has gathered as a part of its preliminary inquiry or investigation of my complaint. In addition, I understand that as a complainant I am protected by Federal regulations from intimidation or retaliation for having taken action or participated in action to secure rights protected by nondiscrimination statutes enforced by the Federal government.

Initial on the line above if you give consent.

CONSENT GRANTED – I have read and understand the above information and authorize FNS to reveal my identity to persons at the organization or institution under investigation and to other Federal agencies that provide Federal financial assistance to the organization or institution or also have civil rights compliance oversight responsibilities that cover that organization or institution. I hereby authorize FNS to receive material and information about me pertinent to the investigation of my complaint. This release includes, but is not limited to, applications, case files, personal records, and medical records. I understand that the material and information will be used for authorized civil rights compliance and enforcement activities. I further understand that I am not required to authorize this release, and I do so voluntarily.

Initial on the line above if you give consent.

CONSENT DENIED – I have read and understand the information and do not want FNS to reveal my identity to the organization or institution under investigation, or to review, receive copies of, or discuss material and consent information about me, pertinent to the investigation of my complaint. I understand that this is likely to make the investigation of my complaint and getting all the facts more difficult and, in some cases, impossible, and may result in the investigation being closed.

Signature

Date