

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

**Special Rules for Sexual Harassment and Related Retaliation Cases**

If you file a grievance on this form alleging sexual harassment (or retaliation for participating in a sexual harassment case resolution) without having first reported your complaint to the district's Title IX coordinator and having been advised by the Title IX coordinator that you may proceed under policy AC's grievance process, your filed documents will be routed to the Title IX coordinator for review under policy ACA. The steps and timelines of the policy AC grievance process will be paused pending that review. If the Title IX coordinator is the subject of the complaint, the AC compliance officer or alternate compliance officer will process the complaint.

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

Director of Student Services  
Orchard Farm R-V School District  
3489 Boschertown Road  
St. Charles, MO 63301  
Phone: 636-925-5400 / Fax: 636-916-3803

**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.

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

FILE: AC-AF2

Critical

List the names of witnesses to the alleged misconduct.

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

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

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What results are you seeking by filing this form?

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

Signature of Grievant

Date

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

Implemented: 07/15/2003

Revised: 08/21/2007; 05/22/2012, effective 07/01/2012; 06/21/2022

Orchard Farm R-V School District, St. Charles, Missouri