

## NONDISCRIMINATION POLICY GRIEVANCE FORM

As stated in the Nondiscrimination Policy, Abiqua Academy ("School") prohibits race, color, national origin, sex, sexual orientation, gender identity and expression, and disability discrimination in all School education programs, activities, and opportunities. School also prohibits retaliation for making a report of discrimination or for participating in an investigation.

If you believe someone in the School community has been subjected to discrimination or retaliation in violation of the Nondiscrimination Policy, this form is offered for ease of reporting. You *do not* have to use this form to file a complaint alleging a violation of the Nondiscrimination policy, but it identifies the information the School finds relevant for purposes of promptly and effectively responding to complaints of discrimination and retaliation. *If you wish to report sexual harassment or assault of a student, please refer to the Sexual Discrimination Policy and Grievance Procedure.* For questions about this form, please contact the Civil Rights Compliance Coordinator Susan Cole at 6974 Bates Rd S, Salem, OR 97306, 503-399-9020, [susan.cole@abiquaacademy.org](mailto:susan.cole@abiquaacademy.org)

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If you elect to use this form, please type or print all information requested and use additional pages if more space is needed.

### 1. Name and Contact Information of person making this report:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address, incl. suite or apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### 2. Name and Contact Information of Complainant (person discriminated or retaliated against, if not person filing complaint):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address, incl. suite or apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work or Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**3. Please describe to the best of your ability the alleged discriminatory or retaliatory conduct, including indicating:**

- a. Basis for the alleged discrimination or retaliation,
- b. Date(s) or date ranges the conduct occurred,
- c. Location(s) where conduct occurred,
- d. Name of alleged perpetrator(s) of the conduct, if known, and
- e. Name(s) of person(s) who was present and witnessed the act(s) of discrimination or retaliation, if any.

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- Discrimination based on:
    - Race
    - Color
    - National Origin
    - Disability
    - Sex (for allegations of sexual harassment or assault against a student, refer to Sexual Discrimination Policy and Grievance Procedure)
    - Sexual Orientation
    - Gender Identity or Expression

Is this a claim for retaliation? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Narrative Description of alleged discriminatory or retaliatory conduct:

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- Date or date range of alleged conduct: \_\_\_\_\_
- Location where alleged conduct occurred: \_\_\_\_\_
- Full Name of alleged perpetrator(s), if known:

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- Full Name and contact information of witnesses if known:

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No person shall be retaliated against for making a report of discrimination or retaliation or for participating in an investigation. However, persons found to knowingly report false allegations will be subject to disciplinary action.

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*Signature of Complainant*

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*Date Signed*

**Please deliver in person, email, or mail the completed and signed Nondiscrimination Complaint Form, to the Civil Rights Coordinator Susan Cole at 6974 Bates Rd S, Salem, OR 97306, 503-399-9020, [susan.cole@abiquaacademy.org](mailto:susan.cole@abiquaacademy.org).**

**ADMINISTRATION USE ONLY**

Received by: \_\_\_\_\_ Date received: \_\_\_\_\_