

LEMARS COMMUNITY SCHOOL DISTRICT  
DISCRIMINATION GRIEVANCE PROCEDURE

Students, parents of students, employees, and applicants for employment in the school district will have the right to file a formal complaint alleging discrimination under federal or state regulations requiring non-discrimination in programs and employment.

Level One - Principal, Immediate Supervisor or  
Personnel Contact Person

Employees with a complaint of discrimination based upon their gender, race, color, creed, national origin, religion, age, sexual orientation, gender identity, socio-economic status, marital status, or disability are encouraged to first discuss it with their immediate supervisor, with the objective of resolving the matter informally.

An applicant for employment with a complaint of discrimination based upon their gender, race, color, creed, national origin, religion, age, sexual orientation, gender identity, socio-economic status, marital status, or disability are encouraged to first discuss it with the personnel contact person.

A student, or a parent of a student, with a complaint of discrimination based upon their gender, race, color, creed, national origin, religion, age, sexual orientation, gender identity, socio-economic status, marital status, or disability are encouraged to discuss it with the instructor, counselor, supervisor, building administrator, program administrator or personnel contact person directly involved.

Level Two – Equity Coordinator

If the grievance is not resolved at Level One and the grievant wishes to pursue the grievance, the grievant may formalize it by filing a complaint in writing on a Grievance Filing Form, which may be obtained from the Equity Coordinator. The complaint will state the nature of the grievance and the remedy requested. The filing of the formal, written complaint at Level Two must be within 10 working days from the date of the event giving rise to the grievance, or from the date the grievant could reasonably become aware of such occurrence. The grievant may request that a meeting concerning the complaint be held with the Equity Coordinator. A minor student may be accompanied at that meeting by a parent or guardian. The Equity Coordinator will investigate the complaint and attempt to resolve it. A written report from the Equity Coordinator regarding action taken will be sent to the involved parties within a reasonable time after receipt of the complaint.

Level Three - Superintendent

If the complaint is not resolved at Level Two, the grievant may appeal it to Level Three by presenting a written appeal to the superintendent within five working days after the grievant receives the report from the Equity Coordinator, the grievant may request a meeting with the Superintendent. The superintendent may request a meeting with the grievant to discuss the appeal. A decision will be rendered by the superintendent within a reasonable time after the receipt of the written appeal. If, in cases of disability grievances at the elementary and secondary level, the issue is not resolved through the grievance process, the parents have a right to an impartial hearing to resolve the issue.

## GRIEVANCE PROCEDURE

This procedure in no way denies the right of the grievant to file formal complaints with the Iowa Civil Rights Commission, the U.S. Department of Education Office for Civil Rights or Office of Special Education Programs, the Equal Employment Opportunity Commission, or the Iowa Department of Education for mediation or rectification of civil rights grievances, or to seek private counsel for complaints alleging discrimination.

### Level Four - Appeal to the Board

If the grievant is not satisfied with the superintendent's decision, the grievant can file an appeal with the Board within five working days of the decision. It is within the discretion of the Board to determine whether it will hear the appeal.

The Equity Coordinator is:

Name Mr. Steve Webner, Assistant Superintendent

Office Address 940 Lincoln St. SW, Le Mars , Iowa 51031

Phone Number 712-546-4155

Office Hours 8:00 am to 4:30 pm

GRIEVANCE FORM FOR COMPLAINTS OF DISCRIMINATION  
OR NON-COMPLIANCE WITH FEDERAL OR STATE REGULATIONS  
REQUIRING NON-DISCRIMINATION

I, \_\_\_\_\_, am filing this grievance because

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(Attach additional sheets if necessary)

Describe incident or occurrence as accurately as possible:

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(Attach additional sheets if necessary)

Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

If student, name \_\_\_\_\_ Grade Level \_\_\_\_\_

Attendance center \_\_\_\_\_

GRIEVANCE DOCUMENTATION

Name of Individual Alleging Discrimination or Non-Compliance

Name \_\_\_\_\_

Grievance Date \_\_\_\_\_

State the nature of the complaint and the remedy requested.

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Indicate Principal's or Supervisor's response or action to above complaint.

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Signature of Principal or Supervisor \_\_\_\_\_