



Antioch Community Consolidated School District 34
District Grievance Form

Any student, parent/guardian, employee, or community member should notify any District Complaint Manager in writing if he or she believes that the School Board, its employees, or agents have violated his or her rights guaranteed by the State or federal Constitution, State or federal statute, or Board policy.

I. Complainant Contact Information

Name _____		
Address _____		
City _____	State _____	Zip _____
Home Phone _____		Work or Cell Phone _____
Please check:		
<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Student <input type="checkbox"/> District Employee <input type="checkbox"/> Other _____		

II. Complaint

Date: _____

School or site of alleged violation: _____

Subject of the complaint (please check all that apply)

_____ Discrimination or Harassment (circle all that apply)
race; color; creed; religion; national origin; sex; sexual orientation; age;
ancestry; marital status; arrest record; military status; order of protection
status; unfavorable military discharge; citizenship status; use of lawful

products while not at work; being a victim of domestic or sexual violence; genetic information; physical or mental handicap or disability; pregnancy, childbirth, or related medical conditions; credit history, other legally protected categories,

_____ Violation of law or regulation governing the following program(s)

- ☐ Age Discrimination in Employment Act, 29
- ☐ Americans With Disabilities Act
- ☐ Civil Rights Act of 1991
- ☐ Equal Employment Opportunities Act (Title VII of the Civil Rights Act of 1964
- ☐ Equal Pay Act, 29 U.S.C.
- ☐ Genetic Information Nondiscrimination Act
- ☐ Immigration Reform and Control Act, 8 U.S.C.
- ☐ Rehabilitation Act of 1973
- ☐ Title VI of the Civil Rights Act of 1964
- ☐ Pregnancy Discrimination Act, 42
- ☐ Title IX of the Education Amendments, 20 U.S.C.
- ☐ Uniformed Services Employment and Reemployment Rights Act (1994)
- ☐ Il. Constitution, Art. I
- ☐ Genetic Information Protection Act, 410 ILCS 513/25
- ☐ Il. Whistleblower Act, 740 ILCS 174/
- ☐ Il. Human Rights Act, 775 ILCS 5/1-103 and 5/2-102
- ☐ Religious Freedom Restoration Act, 775 ILCS 35/5
- ☐ Employee Credit Privacy Act, 820 ILCS 70/
- ☐ Il. Equal Pay Act of 2003, 820 ILCS 112/
- ☐ Victims' Economic Security and Safety Act, 820 ILCS 180/30.23
- ☐ Il.Admin.Code §1.230
- ☐ Curriculum, instructional materials, and/or programs

III. Additional Information

Please describe the specific nature of your complaint, in detail, including date(s), location(s), name(s) of the individuals involved in the complaint. State the results of any previous meetings or discussions with district personnel. Please be as specific as you can.

Persons who believe they have not received equal employment opportunities should report their claims to the Nondiscrimination Coordinator and/or a Complaint Manager for the Uniform Grievance Procedure. No employee or applicant will be discriminated or retaliated against because he or she initiated a complaint, was a witness, supplied information, or otherwise participated in an investigation or proceeding involving an alleged violation of this policy or State or federal laws, rules or regulations, provided the employee or applicant did not make a knowingly false accusation nor provide knowingly false information.

Nondiscrimination Coordinator:

Amy Mahr

964 Spafford Street
Antioch, IL 60002
847-838-8457

Complaint Managers:

Amy Mahr

964 Spafford Street
Antioch, IL 60002
847-838-8480

Maria Treto-French

964 Spafford Street
Antioch, IL 60002
847-838-8483

CROSS REF.: 2:260 (Uniform Grievance Procedure), 5:10 (Equal Employment Opportunity and Minority Recruitment), 5:20 (Workplace Harassment Prohibited)