

**PROHIBITION AGAINST DISCRIMINATION, HARASSMENT AND RETALIATION**  
*(Level II Grievance Report)*

**CONFIDENTIAL** For Internal Use Only  
*To Be Completed by the Superintendent or Designee*  
Attach additional sheets if necessary.

Name of Grievant: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Date Grievance Was Filed: \_\_\_\_\_ Date Appeal Was Filed: \_\_\_\_\_

After review of the report and the investigation conducted:

I agree with the decision of the compliance officer.

I believe further investigation is necessary.

I find the following: \_\_\_\_\_

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

It is more likely than not that the district's policy prohibiting discrimination, harassment and retaliation  was  was not violated. Reasoning (if different from the previous report):

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

It is more likely than not that other district policies, regulations, procedures or expectations

were  were not violated. Reasoning (if different from the previous report): \_\_\_\_\_

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

FILE: AC-AF4  
Critical

<b>Corrective Action</b>
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Is corrective action needed?  Yes  No

If yes, state the type of corrective action recommended.

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Signature of Superintendent's Designee (if applicable)

Date

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Signature of Superintendent

Date

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

Implemented: 11/20/2000

Revised: 8/27/2007; 5/14/2012

Clinton School District, Clinton, Missouri