## TOLLAND PUBLIC SCHOOLS Tolland, Connecticut

ADMINISTRATIVE REGULATION REGARDING: Non-Discrimination

Number: 4030

Personnel

Approved: 6/11/08 Revised: 1/25/12

It is the express policy of the Tolland Board of Education to provide for the prompt and equitable resolution of complaints alleging any discrimination on the basis of protected characteristics such as race, color, religion, age, sex, marital status, sexual orientation, national origin, ancestry, disability or genetic information. In order to facilitate the timely resolution of such complaints and/or grievances, any employee who feels that he/she has been discriminated against on the basis of these protected characteristics should file a written complaint with:

Office of The Superintendent 51 Tolland Green Tolland, Ct O6084

860 870-6850

Preferably, complaints should be filed within thirty (30) days of the alleged occurrence. Timely reporting of complaints and/or grievances facilitates the investigation and resolution of such complaints and/or grievances.

Complaints and/or grievances will be investigated promptly and corrective action will be taken when allegations are verified.

Specifically, upon reciept of a written compliant of discrimination, the superintendent and/or his or her designee should:

- 1. Offer to meet with the complainant to discuss the nature of his/her complaint;
- 2. Provide the complainant with a copy of the board's nondiscrimination policy and accompanying regulations;

- 3. Investigate the factual basis of the complaint, including, as applicable, conducting interviews with individuals deemed relevant to the complaint;
- 4. Conduct the investigation in a confidential manner, to the extent practicable, adhering to the requirements of state and federal law;
- 5. Communicate the findings and/or results of any investigation to the compliant; and
- 6. Take appropriate corrective and disciplinary action, as deemed appropriate by the superintendent and/or his or her designee.

If the complaint involves an allegation of discrimination based on disability or sex, the compliant should be referred to the board's policies and procedures related to section 504 of the rehabilitation act (for claims of discrimination and/or harassment based on disability) and sex discrimination//sexual harassment (for claims discrimination and/or harassment based on sex).

For allegations pertaining to race, color or national origin discrimination, at any stage in this complaint procedure, the compliant has the right to file formal complaints regarding such matters with:

Boston Office
Office of Civil Rights
U.S. Department of Education
8<sup>th</sup> Floor, 5 Post Office Square, Suite 900
Boston, Ma 02109-3921
OCR.BOSTON@ED.GOV

If a complaint is filed with the office of civil rights, it must be filed in writing no later than one hundred eighty (180) days after the occurrence of the alleged discrimination.

A compliant may also file a complaint with the Connecticut Commission on Human Rights and Opportunities, 1229 Albany Avenue, Hartford, CT 06112 (telephone number 860 566-7710 and/or the Equal Employment Opportunity Commission, Boston Area Office, John F. Kennedy Federal Building, 475 Government Center, Boston, Ma 0223 (telephone number 617 565-3200).

## **Discrimination Complaint Form**

(For complaints based on race, color, religion, age, sex, marital status, sexual orientation, national origin, ancestry, disability (including pregnancy), genetic information, or gender identity or expression)

Name of the Complainant
Date of the Complaint
Date of the Alleged Discrimination/Harassment
Name or Names of the Discriminator(s) or Harasser(s)
Location where such Discrimination/Harassment occurred
Location where such discrimination/harassment occurred
Name(s) of any Witness(es) to the Discrimination/Harassment
<u>Detailed Statement of the Circumstances Constituting the Alleged Discrimination or Harassment</u>