Policy 402

Personnel

Disability Nondiscrimination

I. Purpose

This policy provides guidance regarding a fair employment setting for all persons in compliance with state and federal law.

II. General Statement of Policy

A. The school district does not discriminate against qualified individuals with disabilities because of the disabilities of such individuals in regard to job application procedures, hiring, advancement, discharge, compensation, job training, and other terms, conditions, and privileges of employment.

B. The district does not engage in contractual or other arrangements that have the effect of subjecting its qualified applicants or employees with disabilities to discrimination on the basis of disability. If making a complaint of discrimination on the basis of disability, the district encourages the reporting party or complainant to use the report form attached to this policy as Appendix I and available from the building principal, department supervisor, or the district office, but oral reports will be considered complaints as well.

C. The district does not exclude or otherwise deny equal jobs or job benefits to a qualified individual because of the known disability of an individual with whom the qualified individual is known to have a relationship or association.

D. The district will make reasonable accommodations for the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, unless the accommodation would impose an undue hardship on the district.

E. A job applicant or employee wishing to discuss the need for a reasonable accommodation, or other matters related to a disability or the enforcement and application of this policy, should contact the executive director of human resources, 5701 Normandale Road, Edina, Minnesota 55424, (952) 848-~~4911~~3900. The individual in this position is the district's appointed Americans with Disabilities Act (ADA) coordinator for employment matters.

F. Failure to engage in the process to determine if a reasonable accommodation exists that would allow people with disabilities as defined in state law to participate fully in employment may be an unfair discriminatory practice under the Minnesota Human Rights Act.

Legal References:

Minn. Stat. Ch. 363A (Minnesota Human Rights Act)
29 U.S.C. § 794 *et seq.* (Section 504 of the Rehabilitation Act of 1973)
42 U.S.C. § 12101 *et seq.* (Equal Opportunity for Individuals with Disabilities)
29 C.F.R. Part 32 (Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance)
34 C.F.R. Part 104 (Nondiscrimination on the Basis of Handicap in Programs or Activities Receiving Federal Financial Assistance)
~~Minn. Stat. Ch. 363A (Minnesota Human Rights Act)~~

Cross Reference:
Policy 413 (Harassment and Violence Prohibition, Students and Employees)
Policy 521 (Student Disability Nondiscrimination)

Policy
adopted: 09/22/08
revised: 03/11/13
revised: 06/13/16
revised: 09/14/20
revised: 04/08/24
revised: __/__/26 (Quick Review)

INDEPENDENT SCHOOL DISTRICT NO. 273
Edina, Minnesota

Appendix I to Policies 401, 402, 413, 521, 522, and 528

DISCRIMINATION, HARASSMENT, AND VIOLENCE REPORT FORM

Edina Public Schools maintains a firm policy prohibiting all forms of discrimination, harassment, or violence against students or employees, or groups of students or employees, on the basis of race, color, creed, religion, national origin, sex, age, marital status, familial status, status with regard to public assistance, sexual orientation, including gender identity and expression, or disability. All persons are to be treated with respect and dignity. Harassment or violence by any student, teacher, administrator, or other school personnel, which creates an intimidating, hostile, or offensive environment will not be tolerated under any circumstances.

Use of this reporting form is encouraged but not required. Reports may be made orally or in writing, including via electronic mail.

Person completing report: _____

Primary home address: _____

Secondary home address (if any): _____

Work location if an Edina Public Schools employee: _____

Primary phone: _____

Secondary phone: _____

Email address: _____

Date of alleged incident(s): _____

Basis of Alleged Harassment/Violence - circle as appropriate: race \ color \ creed \ religion \ sex \ national origin \ gender \ age \ marital status \ familial status \ status with regard to public assistance \ sexual orientation, including gender identity and expression \ disability

Name of person(s) you believe harassed or was violent toward you or another person.

_____

If the alleged harassment or violence was toward another person(s), identify that person(s).

_____

Where and when did the incident(s) occur? _____
_____

Describe the incident(s) as clearly as possible, including such things as: what force, if any, was used; any verbal statements (e.g., threats, requests, demands); what, if any, physical contact was involved; or other relevant information. Attach additional pages if necessary.

_____
_____

List any witnesses to the incident(s). _____
_____

My signature below shows that the information I have provided in this document is true, correct, and complete to the best of my knowledge and belief.

Signature: _____ Date _____

Received by: _____ Date _____

Please submit to the building principal or designee or the executive director of human resources. For student disability discrimination matters, please submit to the director of student support services.

(07/25)