

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

I, _____ am filing this grievance because _____

(Attach additional sheets if necessary)

Describe incident or occurrence as accurately as possible: _____

(Attach additional sheets if necessary)

Signature: _____ Date: _____

Address: _____

Phone Number: _____

If student, name: _____ Grade Level: _____

Attendance center: _____

Assisting Staff member's signature (if applicable): _____