

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

I, \_\_\_\_\_, am filing this grievance because

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(Attach additional sheets if necessary)

Describe incident or occurrence as accurately as possible:

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(Attach additional sheets if necessary)

Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

If student, name \_\_\_\_\_ Grade Level \_\_\_\_\_

Attendance center \_\_\_\_\_

EDUCATIONAL PHILOSOPHY

Policy – Grievance Documentation

Code No. 103.E3

Name of Individual Alleging Discrimination or Non-Compliance

Name \_\_\_\_\_

Grievance Date \_\_\_\_\_

State the nature of the complaint and the remedy requested.

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\_\_\_\_\_  
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\_\_\_\_\_  
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Indicate Principal's or Supervisor's response or action to above complaint.

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Signature of Principal or  
Supervisor

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Revised June 30, 2008