

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 _____

Address _____

Phone Number _____

If student, name _____ Grade Level _____

Attendance Center _____