

**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: _____

GRIEVANCE DOCUMENTATION

Name of Individual Alleging Discrimination or Non-Compliance

Name: _____

Grievance Date: _____

State the nature of the complaint and the remedy requested.

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

Signature of Principal or Supervisor: _____