GRIEVANCE FORM

☐ Title VI ☐ Title IX ☐ Section 504 ☐ Age Discrimination Act ☐ Title II

Name _____ Date _____

Address _____
(Street)

_____
(City) (Zip)

Phone _____ _____
(Home) (School or work location)

Status of person filing complaint _____Student _____Employee
_____Parent/Guardian _____Other

Statement of Complaint (include type of discrimination charged and the specific incident(s) in which it occurred, include date(s) and name(s)

_____

_____

_____

_____

Signature of complainant_____

Date complaint filed _____

Signature of person receiving complaint_____

Date received_____ Grievance No._____

Complaint authority (statute) _____

_____

Submit all copies to the appropriate coordinator. The person receiving the complaint will sign receipt, date and number the complaint. One copy will be returned to the complainant, one copy will be sent to the school or department affected by the complaint, and one copy will be retained by the coordinator.

Distribution: 1st copy – Coordinator
2nd copy – School / Department
3rd copy – Complainant