

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 \_\_\_\_\_