

Grievance Form

Name: _		Date Submitted:	Date of Incident:
Complai	int against:		
In order	for a Grievance to be fil	ed, ONE of the following	must be true:
	☐ Issue was addressed with the offending party with no resolution. Date:		
	☐ It is not safe to address the aggressor in this case.		
AND bo	th of the following must	be true:	
	Met with administration on	A	ttach a summary of the discussion.
	I believe this issue is unre	solved by school administ	ration and in need of further attention.
Specify y	your complaint by stating t	he problem. Describe the	incident, participants, background, and any attempts
you have	e made to solve the proble	m. List relevant dates, tim	es, and places.
Identify a	any witnesses to the offen	ding conduct (Name, addr	ess, telephone if possible).
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Do you o	consider this conduct to be	discrimination or harassr	nent based upon race, religious creed, color, nationa
origin, aı	ncestry, physical disability	mental disability, medica	l condition, marital status, age, gender or sexual
orientatio	on? If your answer is "yes"	to any of the above, why	?
I certify i	that this information is cori	ect to the best of my know	vledge.
		,	eage.
Signatur	re of Complainant		Date