

DISCRIMINATION GRIEVANCE COMPLAINT FORM

Name and Address of Charging Party (Grievant):

Date: _____

Phone numbers where Grievant may be reached:

Home: _____ Office: _____

Cell: _____ Other: _____

Statement of grievance (please provide as detailed a statement as is possible and attach supplemental pages so that we may have a complete understanding of your concerns):

Please identify any documents or other materials which support your grievance. If documents or materials are in your possession, please attach copies to this grievance. If documents are not in your possession, please indicate where they are located.

Please identify what action or relief you are seeking as a result of this grievance.

Signature of Grievant

If, as a result of a disability, you need assistance in completing this form, please contact the District's ADA Compliance Officer(s) or Superintendent for assistance or accommodation.