

GRIEVANCE FORM FOR COMPLAINTS OF DISCRIMINATION  
OR NON-COMPLIANCE WITH FEDERAL OR STATE REGULATIONS  
REQUIRING NON-DISCRIMINATION

I, \_\_\_\_\_, am filing this grievance because

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(Attach additional sheets if necessary)

Describe incident or occurrence as accurately as possible:

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(Attach additional sheets if necessary)

Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

If student, name \_\_\_\_\_ Grade Level \_\_\_\_\_

Attendance center \_\_\_\_\_