ADMINISTRATIVE GUIDELINE
GRIEVANCE DOCUMENTATION

Name of Individual Alleging Discrimination or Non-Compliance:

Name: ___________________________ Contact Information: ___________________________
If student, Building: ___________________________
Signature: ___________________________
Date of Grievance ____________

Describe incident or occurrence as accurately as possible:


Check the basis of discrimination

_____ Age
_____ Marital Status
_____ Family Status
_____ Color
_____ Sex
_____ National Origin
_____ Creed
_____ Gender Identity
_____ Political Belief
_____ National Origin
_____ Sexual Orientation
_____ Ancestry
_____ Race
_____ Physical Attributes
_____ Political Party Preference
_____ Religion
_____ Socioeconomic Status
_____ Gender
_____ Veteran Status
_____ Disability

Other (Please Specify): ___________________________

Indicate Principal's or Supervisor's response or action to above complaint.


Signature of Principal or Supervisor: ___________________________
Revised: May 20, 2016