

# 104.2 Grievance Form for Complaints of Discrimination or Non-Compliance with Federal or State Regulations Requiring Non-Discrimination

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 \_\_\_\_\_

Name of Individual Alleging Discrimination or Non-Compliance

Name \_\_\_\_\_

Grievance  
Date \_\_\_\_\_

State the nature of the complaint and the remedy requested.

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

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Signature of Principal or  
Supervisor \_\_\_\_\_