



**Osage Nation Education Department**

102 Buffalo Ave.  
Hominy, OK 74035  
(918) 287-5300

**GRIEVANCE FORM**

Last name:				First name:		MI:		Date:	
Program:				Status (Please circle one): Student    Parent    Teacher    Tutor					

State your grievance in detail, including the date of act(s) or omissions causing grievance:

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Identify employee(s) with personal knowledge of your grievance:

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Identify others (not Osage Nation employees) with personal knowledge of your grievance:

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State briefly your efforts to resolve this grievance:

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Describe the remedy or solution you would like:

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