

**GRIEVANCE/COMPLAINT FORM**

1. Name and Address of Charging Party (Grievant):

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2. Date: \_\_\_\_\_

3. Phone numbers where Grievant may be reached:

Home \_\_\_\_\_

Office \_\_\_\_\_

Other \_\_\_\_\_

4. Statement of grievance (please provide as detailed a statement as is possible and feel free to attach supplemental pages if necessary for a complete understanding of your concerns):

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5. 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.

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

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\_\_\_\_\_  
Signature of Grievant

**IF, AS A RESULT OF A DISABILITY, YOU NEED ASSISTANCE IN COMPLETING THIS FORM PLEASE CONTACT THE DISTRICT'S ADA COORDINATOR.**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**FOR ASSISTANCE OR ACCOMMODATION**