

GRIEVANCE FORM

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

2. Date: _____

3. Phone numbers where Grievant can 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):

5. Please identify any documents or other materials, which support your grievance. If documents of materials are in your possession, please attach copies to this grievance.

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

Signature of Grievant

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

Coordinator's Name _____

Address _____

Phone/Fax _____

Email _____