

Board of Education

GRIEVANCE FORM

Students, parents/guardians, employees or community members should complete this form in order to file a complaint if they believe the Board of Education, its employees or agents have violated their rights guaranteed by the federal or state constitution, federal or state statute or board policy.

Complainant's Contact Information

Name _____ Daytime Phone: _____

Street Address _____ Evening Phone: _____

City, State, Zip _____

Are you a: Student Parent/Guardian Employee Community Member

Nature of Complaint

Date of Incident _____

Witnesses _____

Please describe the nature of your complaint _____

Signature of Complainant (or parent/guardian)

Date