

Code No. 102.E2 GRIEVANCE FORM FOR COMPLAINTS OF DISCRIMINATION OR NON-COMPLIANCE WITH FEDERAL OR STATE REGULATIONS REQUIRING NON-DISCRIMINATION

I, _____, am filing this grievance

because _____

(Attach additional sheets if necessary)

Describe incident or occurrence as accurately as possible: _____

(Attach additional sheets if necessary)

Signature: _____

Address: _____

Phone Number: _____

If student, name: _____

Grade level: _____

Attendance Center: _____