

**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 _____ Date: _____

Address _____

Phone Number _____

Print Name _____

Approved: March 23, 2013

Reviewed: _____

Revised: _____

GRIEVANCE DOCUMENTATION

Name of Individual Alleging Discrimination or Non-Compliance

Name: _____

Grievance Date: _____

State the nature of the complaint and the remedy requested.

Indicate the State Advisor's response or action to above complaint.

Signature of State Advisor: _____

Date: _____

Approved: March 23, 2013

Reviewed: _____

Revised: _____

ANTI-BULLYING / HARASSMENT WITNESS DISCLOSURE FORM

Name of witness: _____

Position of witness: _____

Date of testimony, interview: _____

Description of incident witnessed: _____

(Attach additional sheets if necessary)

Any other information: _____

(Attach additional sheets if necessary)

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: _____

Approved: March 23, 2013

Reviewed: _____

Revised: _____

ANTI-BULLYING / HARASSMENT COMPLAINT FORM

Name of complainant: _____

Position of complainant: _____

Name of student or employee target: _____

Date of complaint: _____

Name of alleged harasser or bully: _____

Date and place of incident or incidents: _____

Nature of Discrimination or Harassment Alleged (Check all that apply)

<input type="checkbox"/>	Age	<input type="checkbox"/>	Physical Attribute	<input type="checkbox"/>	Sex
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Political Belief	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Familial Status	<input type="checkbox"/>	Race/Color	<input type="checkbox"/>	Socio-economic Background
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Religion/Creed	<input type="checkbox"/>	Other - Please Specify:
<input type="checkbox"/>	National Origin/Ethnic Background/Ancestry	<input type="checkbox"/>		<input type="checkbox"/>	

Description of misconduct: _____

Name of witnesses (if any): _____

Evidence of harassment or bullying, i.e., letters, photos, etc. (attach evidence if possible):

Any other information: _____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: _____

Approved: March 23, 2013

Reviewed: _____

Revised: _____

DISPOSITION OF ANTI-BULLYING / HARASSMENT COMPLAINT FORM

Name of complainant: _____

Name of student or employee target: _____

Grade and building of student or employee: _____

Name and position or grade of alleged perpetrator / respondent: _____

Date of initial complaint: _____

Nature of Discrimination or Harassment Alleged (Check all that apply)

<input type="checkbox"/>	Age	<input type="checkbox"/>	Physical Attribute	<input type="checkbox"/>	Sex
<input type="checkbox"/>	Disability	<input type="checkbox"/>	Political Belief	<input type="checkbox"/>	Sexual Orientation
<input type="checkbox"/>	Familial Status	<input type="checkbox"/>	Race/Color	<input type="checkbox"/>	Socio-economic Background
<input type="checkbox"/>	Marital Status	<input type="checkbox"/>	Religion/Creed	<input type="checkbox"/>	Other - Please Specify:
<input type="checkbox"/>	National Origin/Ethnic Background/Ancestry	<input type="checkbox"/>		<input type="checkbox"/>	

Summary of investigation: _____

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature: _____

Date: _____

Approved: March 23, 2013

Reviewed: _____

Revised: _____