

Billings Public Schools

415 North 30th Street Billings MT 59101-1298
(406) 281-5000 www.billings.k12.mt.us



Harassment/Discrimination Complaint Filing Form Billings School District No. 2 Billings, Montana

Date _____

Name _____

School and/or Position _____

Place Where you may be reached _____

Address _____

Telephone No. _____

Nature of your grievance (Please describe the policy or action you believe may be in violation of your rights and identify any person(s) you believe may be responsible.)

If others are affected by the possible violations, please give their names and/or positions.

If you wish, please describe any corrective action you would like to see taken with regard to the possible violation or provide other information relevant to this grievance.

Signature _____ of _____ Grievant

Signature _____ of _____ Person Receiving _____ Grievance

