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.)

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________________________________________________________________________________________

________________________________________________________________________________________

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