
Discrimination Grievance Form

Any employee or employment applicant who feels that he/she has been discriminated against on the basis of race, color, age, national origin, gender, gender identity or expression, or disability, may discuss and/or file a grievance with Mindy Otis of the Regional School District No. 17 Public Schools. Reporting should take place within 40 calendar days of the alleged discrimination.

Name of Presenter/Complainant: _____

Employee _____ Employment Applicant _____

Home address _____

Phone () _____ Date of Claim _____ Date of Incident _____

1. Statement of Incident/Issue (include all pertinent information: who, how, where, when, how often, feelings, witness).
2. Please attach any additional information/documentation as necessary.

Signature of Presenter: _____

Signature of Administrator receiving report: _____

Date Received: _____

*Forms are available from the Civil Rights Coordinator,
Administrators and Guidance Offices.*