

**EPHRATA SCHOOL DISTRICT**

**GRIEVANCE REPORT FORM FOR NONCOMPLIANCE WITH REGULATION OF TITLE VI, TITLE IX,  
SECTION 504**

Complainant's Name: \_\_\_\_\_  
Last Name First Name Initial

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Circle One: Student Employee Parent Other

Date of Grievance: \_\_\_\_\_

- Level One – Informal (No Form)-Principal/Supervisor
- Level Two – Title IX or Section 504 Coordinator
- Level Three – Superintendent
- Level Four – Ephrata School Board

**LEVEL TWO**

1. Statement of Grievance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Relief Sought: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Disposition by Enforcement Coordinator: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LEVEL THREE**

Position of Grievant: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Date Received by Superintendent:** \_\_\_\_\_

Disposition by Superintendent: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LEVEL FOUR**

Position of Grievant: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Date Received by Ephrata School Board:** \_\_\_\_\_

Disposition by the Board: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_