

**COLUMBIA SCHOOL DISTRICT**  
**613 Bryan Avenue**  
**Columbia, Mississippi 39429**  
**Telephone: 601-736-2366 Fax: 601-736-2653**

**GRIEVANCE FORM**

**COMPLAINANT'S NAME:** \_\_\_\_\_  
(The student or parent, legal guardian or custodian of a student or employee who submits a complaint)

**REPOUDENT'S NAME:** \_\_\_\_\_  
(The person alleged to be responsible for the violation alleged in a complaint.)

**DATE OF THE ALLEGED VIOLATION:** \_\_\_\_\_

**DETAILED DESCRIPTION OF ALLEGED VIOLATION:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAMES OF ANY WITNESSES:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUESTED ACTION:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**