

ADMINISTRATIVE GUIDELINE
GRIEVANCE DOCUMENTATION

Name of Individual Alleging Discrimination or Non-Compliance:

Name: _____ Contact Information: _____

If student, Building: _____

Signature: _____

Date of Grievance _____

Describe incident or occurrence as accurately as possible:

Check the basis of discrimination

- | | | |
|-----------------------|----------------------------|----------------------------------|
| _____ Age | _____ Marital Status | _____ Family Status |
| _____ Color | _____ Sex | _____ National Origin |
| _____ Creed | _____ Gender Identity | _____ Political Belief |
| _____ National Origin | _____ Sexual Orientation | _____ Ancestry |
| _____ Race | _____ Physical Attributes | _____ Political Party Preference |
| _____ Religion | _____ Socioeconomic Status | _____ Gender |
| _____ Veteran Status | _____ Disability | |

Other (Please Specify): _____

Indicate Principal's or Supervisor's response or action to above complaint.

Signature of Principal or Supervisor: _____