

GRIEVANCE COMPLAINT FORM

1. Print Name and Address of Charging Party (Grievant):

2. Date: _____

3. Phone numbers where Grievant may be reached:

Home: _____

Office: _____

Other: _____

4. Statement of grievance (please provide as detailed a statement as is possible and feel free to attach supplemental pages if necessary for a complete understanding of your concerns):

5. Please identify any witnesses and/or documents or other materials which support your grievance. If documents or materials are in your possession, please attach copies to this grievance.

6. Please identify what action or relief you are seeking as a result of this grievance.

Signature of Grievant

IF, AS A RESULT OF A DISABILITY, YOU NEED ASSISTANCE IN COMPLETING THIS FORM, PLEASE CONTACT THE DISTRICT'S ADA COORDINATOR, _____, AT _____, FOR ASSISTANCE OR ACCOMMODATION.

Revised by vote of the Durant Board of Education August 10, 2016