



**LENAPE TECHNICAL SCHOOL
PRACTICAL NURSING PROGRAM**

104 Armstrong Street, Suite B

Ford City, PA 16226

Phone: 724-763-1311

Fax: 724-763-1322

GRIEVANCE FORM

All sections must be completed and will serve as a source document for the grievance process (attach additional pages if more room is necessary). Please answer all questions fully. All supporting documentation must be attached to this grievance form at the time the grievance is filed. Additional information may be requested as necessary.

Student Name: _____

Basis of Complaint: _____

Method of Contact: _____

1. What was the date of occurrence and what specific behavior, condition, or violation of policy or procedure occurred which you consider discriminatory, harassing or unfair / violated your rights?

2. How have you been adversely affected by this situation?

3. What specific action have you taken to follow the guidelines for informal resolution as outlined in the Grievance Procedures for Discrimination and Harassment or the Staff and Administrative Grievance Policy? What has been the outcome of these efforts?

Student Signature: _____

Date: _____

Coordinator Signature: _____

Date: _____

Faculty Signature: _____

Date: _____



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MEETING NOTES WITH PRACTICAL NURSING SCHOOL ADMINISTRATION

Student Name:

Basis of Complaint:

Meeting Date & Time:

Student Signature:

Date:

Coordinator Signature:

Date:

Was this meeting resolved or not resolved: _____



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MEETING NOTES WITH VOCATIONAL-TECHNICAL SCHOOL ADMINISTRATION

Student Name:

Basis of Complaint:

Meeting Date & Time:

Student Signature:

Date:

Vocational-Technical School

Administration Signature:

Date:

Was this meeting resolved or not resolved: _____



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MEETING NOTES WITH SCHOOL DISTRICT ADMINISTRATION

Student Name:

Basis of Complaint:

Meeting Date & Time:

Student Signature:

Date:

School District Administration

Signature:

Date:

Was this meeting resolved or not resolved: _____



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MEETING NOTES WITH AREA VOCATIONAL-TECHNICAL SCHOOL BOARD

Student Name: _____

Basis of Complaint: _____

Meeting Date & Time: _____

Student Signature: _____

Date: _____

Area Vocational-Technical

School Board Signature: _____

Date: _____

Was this meeting resolved or not resolved: _____