PIEDMONT PUBLIC SCHOOLS

DISCRIMINATION
COMPLAINT FORM

NAME OF GRIEVANT: _____

ADDRESS/TELEPHONE NUMBER: _____

DATE OF ALLEGED VIOLATION: _____

NATURE OF ALLEGED VIOLATION: _____

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NAMES OF PERSONS RESPONSIBLE: _____

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REQUESTED ACTION: _____

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DATE COMPLAINT FILED WITH COORDINATOR: _____

PLEASE REVERSE THIS FORM OR ATTACH ADDITIONAL SHEETS IF NECESSARY.

***COMPLAINT MUST BE SUBMITTED WITHIN 30 DAYS OF ALLEGED VIOLATION.**