Form Title: **Grievance Form for Complaints of Discrimination**Form #102.1F1

or Non-Compliance with Federal or State Regulations Requiring Non-Discrimination

Revised:

| I | , am filing this grievance because: | |
|---|-------------------------------------|---|
| | | |
| | | |
| (Attach additional sheets if necessary) | | |
| Describe incident or occurrence as accurately as po | | |
| | | |
| | | |
| (Attach additional sheets if necessary) | | |
| Signature: | | |
| Address: | | |
| Phone Number: | | |
| If student, name: | | |
| Grade level: | | |
| Attendance Center: | | _ |
| | | |
| Approved: 7/25/05 | | |
| Reviewed: 10/22/12; 11/24/14; 9/21/20 | | |