GRIEVANCE FORM FOR COMPLAINTS OF DISCRIMINATION OR NON-COMPLIANCE WITH FEDERAL OR STATE REGULATIONS REQUIRING NON-DISCRIMINATION

Code No. 102.E2
Code No. 401.1E2

I, _____, am filing this grievance because

_____
_____
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_____
_____

(Attach additional sheets if necessary)

Describe incident or occurrence as accurately as possible:

_____
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_____
_____
_____

(Attach additional sheets if necessary)

Signature _____
_____

Address _____
_____

Phone Number _____
_____

If student, name _____

Grade Level _____ Attendance center _____