

**PROHIBITION AGAINST DISCRIMINATION, HARASSMENT AND RETALIATION
(Grievance Form)**

Once completed, file this form with the compliance officer. If you have any questions or need assistance, contact the compliance officer at:

[Address]
[Phone]
[Fax]
[TDD/TTY, if available]
[E-mail address]

Grievant's Contact Information

Name: _____ / _____ / _____

Address: _____

Phone Number(s): _____

School (if applicable): _____

Relationship to the District: Student Parent/Guardian Employee Other _____

Discrimination/Harassment/Retaliation Grievance (Use additional sheets if necessary.)

Please list all factual information you have regarding the alleged discrimination, harassment or retaliatory actions, as well as the reasons you believe these actions violate district policy. Be complete and use full names/titles, dates, exact locations and specific occurrences, if appropriate.

List the names of witnesses to the alleged misconduct.

List the names of any persons who may have been victims of this alleged discrimination/harassment/retaliation.

FILE: AC-AF2
Critical

Have you brought your concern to the attention of a district employee or any other person? If so, list the names of those individuals: _____

What results are you seeking by filing this form?

I have read policy AC, including the time limits and other provisions governing the grievance process.

Signature of Grievant

Date

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Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented:

Revised: