

Adopted: Sept 9, 2014
Code: JBA-E

EQUAL EDUCATIONAL OPPORTUNITIES GRIEVANCE PROCEDURE FORM

NAME _____

ADDRESS _____

COMPLAINT CLAIMS DISCRIMINATION BASED ON:	RACE	_____
	SEX	_____
	AGE	_____
	NATIONAL ORIGIN	_____
	HANDICAP	_____

PHONE _____

DATE OF INCIDENT _____ LOCATION(S) _____

Please describe in full detail, the nature of your complaint. Include the names of persons involved, if any.

Complainant's Signature _____.

Date Grievance Was Filed _____.

Signature of Civil Rights compliance Officer/Title IX Coordinator

_____.