

**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 \_\_\_\_\_

**NEW FORM**

**REVIEW DATE: SEPTEMBER 10, 2014**

**ADOPTION DATE: OCTOBER 8, 2014**

Revised 11/30/10