

**ALLEGATION OF DISCRIMINATION ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, ANCESTRY, RELIGION, CREED, AGE, GENDER, MARITAL STATUS AND/OR DISABILITY. THIS FORM IS ALSO TO BE USED TO REPORT ANY ALLEGATION OF SEXUAL HARASSMENT.**

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.)

Identify remedy requested.

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Name \_\_\_\_\_ Complaint Date \_\_\_\_\_

Response or action to above complaint.

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Signature of Principal or Supervisor

\_\_\_\_\_  
Date of Response