

SAYDEL COMMUNITY SCHOOL DISTRICT

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

I, _____, am filing this grievance because

(Attach additional sheets if necessary)

Describe incident or occurrence as accurately as possible:

(Attach additional sheets if necessary)

Signature _____

Address _____

Phone Number _____

If student,

Name _____ Grade Level _____

Attendance Center _____

Approved:

Reviewed: March 2017

Revised: March 2017