

Grievance Reporting Form

School _____ Date _____

Grievant's name _____

▶ Nature of grievance _____

▶ Date(s), time(s), and place(s) the incident(s) occurred. _____

▶ Were other individuals involved in the incident(s)? yes no
If so, name the individual(s) and explain their roles. _____

▶ Did anyone witness the incident(s)? yes no
If so, name the witnesses. _____

▶ Did you take any action in response to the incident? yes no
If yes, what action did you take? _____

▶ What remedy are you seeking? _____

Signature of Grievant _____