

AFFIRMATIVE ACTION GRIEVANCE FORM "A"

FROM: _____, GRIEVANT

TO: _____, GRIEVANCE OFFICER

DATE: _____

DESCRIPTION OF INCIDENT OF DISCRIMINATION

SIGNATURE

This Complaint is filed by: (Please circle)	The Complaint refers to discrimination on: (Please circle)	This Complaint is in specific regard to: (Please circle)
An employee A student An applicant A parent Other _____	Race Age Religion National Origin Sexual Orientation Gender Handicap	School or classroom practice An employment practice

RESULT OF INVESTIGATION

Date Grievance Received: _____

Grievance Officer: _____