

GRIEVANCE COMPLAINT FORM

1. Name and Address of Charging Party (Grievant):

2. Date: _____

3. Phone numbers where Grievant may be reached:

Home _____
Office _____
Other _____

4. Statement of grievance (please provide as detailed a statement as is possible and feel free to attach supplemental pages if necessary for a complete understanding of your concerns):

5. Please identify any documents or other materials which support your grievance. If documents or materials are in your possession, please attach copies to this grievance.

6. Please identify what action or relief you are seeking as a result of this grievance.

Signature of Grievant

IF, AS A RESULT OF A DISABILITY, YOU NEED ASSISTANCE IN COMPLETING THIS FORM PLEASE CONTACT THE DISTRICTS ADA COORDINATOR FOR ASSISTANCE OR ACCOMMODATION.

Please return the completed form to: Tahlequah Public Schools
Re: Grievance Complaint
225 N. Water or P O Box 517
Tahlequah, OK 74465

Billie Jordan, Compliance Coord. – religion, race, or ethnicity related policy, Title VII
Lisa Presley, Compliance Coord. – gender related policy, or Title IX
Nancy Jones, Compliance Coord. – eligible disabled students under IDA or Section 504
Steve Merrill, Compliance Coord – personnel, ADA and/or disability related policies