

Uniform Grievance Form

4120f

Concern You Would Like Addressed

(Please keep your presentation to one sheet. Thank you.)

Name: _____ Date: _____

Mailing Address: _____

Phone Number(s): _____

Subject: _____

Problem: _____

Examples that demonstrate the problem: _____

Results: _____

Suggested Solutions: _____

Response Date: _____

Person Responding: _____

Challis School District

Response to Concern

If the complaint pertains to sexual harassment or sexual misconduct, the concern should be remanded to the Title IX Coordinator to address in accordance with Policy 3085.

Person Responding: _____ Response Date: _____

Method used to communicate response: _____

Actions taken to investigate concern: _____

People contacted in gathering information upon which to make decision: _____

Findings of the investigation: _____

Decision:

Results of communicating the decision: _____

Signature

Date