

**Confidential-May Not Be Reproduced**

**Affirmative Action-Title IX Grievance Form I  
Affirmative Action-Title IX Policy**

Name of complainant: \_\_\_\_\_

Date of filing: \_\_\_\_\_

Address: \_\_\_\_\_

Home telephone: \_\_\_\_\_

Nature of complaint or grievance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you wish to be represented by legal counsel: Yes \_\_\_\_\_ No \_\_\_\_\_

If **yes**, who will represent you? \_\_\_\_\_

Action requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Decision of the Superintendent: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of the decision: \_\_\_\_\_

Signature of the Superintendent of Schools: \_\_\_\_\_

**I (do) (do not) accept the above decision.**

**Signature of the complainant or grievant:** \_\_\_\_\_

**Date:** \_\_\_\_\_