

**PARK COUNTY SCHOOL DISTRICT #6  
BOARD OF EDUCATION POLICY**

**CODE: JBA-E**

**EQUAL EDUCATIONAL OPPORTUNITIES GRIEVANCE PROCEDURE FORM**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

COMPLAINT CLAIMS DISCRIMINATION BASED ON:

RACE \_\_\_\_\_  
SEX \_\_\_\_\_  
AGE \_\_\_\_\_  
NATIONAL ORIGIN \_\_\_\_\_  
HANDICAP \_\_\_\_\_

PHONE \_\_\_\_\_

DATE OF INCIDENT \_\_\_\_\_ LOCATION(S) \_\_\_\_\_

Please describe in full detail, the nature of your complaint. Include the names of persons involved, if any.

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

Complainant's Signature \_\_\_\_\_

Date Grievance Was Filed \_\_\_\_\_

Signature of Title IX Coordinator \_\_\_\_\_

Note: To be valid, this completed complaint form must be presented to the Title IX Coordinator within fifteen school days of the incident. The fifteen day limit may be waived by the Title IX Coordinator due to an unusual circumstance.

Adopted: 1/20/98