

**Nondiscrimination on the Basis of Disability  
(Grievance Form)**

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

Name of Grievant: \_\_\_\_\_ Title: \_\_\_\_\_

School: \_\_\_\_\_

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

Phone: \_\_\_\_\_

**Summary of Grievance**

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

If others are affected by the possible violation, please give their names and/or positions:

\_\_\_\_\_

Your suggestions on resolving the complaint: \_\_\_\_\_

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

Please describe any corrective action you wish to see taken with regard to the possible violation. You may also provide other information relevant to this grievance.

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

\_\_\_\_\_  
Signature of Grievant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Receiving Grievance

\_\_\_\_\_  
Date

Adopted May 28, 2008

St. Vrain Valley School District RE-1J, Longmont, Colorado