

GRIEVANCE FORM

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

Name: _____

Work Location: _____

Work Phone: _____

Board Policy or administrative practice that was violated: _____

Date of Alleged Violation: _____

Briefly describe the alleged violation:

Requested Remedy:

I certify that the information I have provided in this grievance is true, correct, and complete to the best of my knowledge and belief.

Complainant Signature

Date

Received By

Date