

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

GRIEVANCE FORM

Name: \_\_\_\_\_

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

Home 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 complaint is true, correct, and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Complainant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date

Please return this completed form to your building principal.