

# SCOTT COUNTY SCHOOL DISTRICT

## Grievance Form

### COMPLAINANT INFORMATION

Check one:  Student  Licensed Employee  Non-Licensed Employee

Name: \_\_\_\_\_ SS Number: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

(If a student) Classification: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

(If an employee) Position/Title: \_\_\_\_\_ School/Office: \_\_\_\_\_

### REASON(S) FOR GRIEVANCE (CHECK ALL THAT APPLY)

- A lack of a policy on a subject  Policy is unfair  Policy deviation/misapplication  
 Policy misinterpretation  Noncompliance with state or federal law  Other \_\_\_\_\_

**(\*Please note that complaints and grievances involving allegations of unlawful discrimination/harassment on the basis of a protected characteristic will be processed either under Policy JB-P ("Anti-Discrimination and Anti-Harassment Policy and Procedures Under Title IX, Title VI and Title IV") for Students or Policy GACN-P ("Prohibition of Unlawful Discrimination/Harassment and Complaint Reporting Procedure for Employees").**

### RESPONSIBLE PERSON (Person you believe to be responsible for the situation)

Name: \_\_\_\_\_ Gender  Male  Female Race: \_\_\_\_\_

The respondent is:  Student  Faculty  Staff  Other \_\_\_\_\_

(If an employee) Position/Title: \_\_\_\_\_ School: \_\_\_\_\_

Your relationship to the respondent (if any): \_\_\_\_\_

Date/Time the grievance occurred: \_\_\_\_\_ Location: \_\_\_\_\_

### WITNESSES (Relationship information means co-workers, supervisor, faculty, etc)

_____ Witness 1	_____ Relationship	_____ Phone
_____ Witness 2	_____ Relationship	_____ Phone
_____ Witness 3	_____ Relationship	_____ Phone

