

DISCRIMINATION GRIEVANCE COMPLAINT FORM

Name and Address of Charging Party (Grievant):

Date: _____

Phone numbers where Grievant may be reached:

Home: _____ Office: _____

Cell: _____ Other: _____

Statement of grievance (please provide as detailed a statement as is possible and attach additional pages so that we may have a complete understanding of your concerns):

Please identify any documents or other materials that support your grievance. If documents or materials are in your possession, please attach copies to this grievance. If documents or materials are not in your possession, please indicate where they are located.

Please identify what action or relief you are seeking as a result of this grievance.

Signature of Grievant

DAA-F

Section 504/Title II Coordinator (for questions or complaints based on disability concerning students) and
Section 504/Title II Coordinator (for questions or complaints based on disability concerning employees,
patrons and other adults)

210 Grimes Street
Holdenville, OK 74848
Telephone: 405-379-5483

Title VI (for questions or complaints based on race, color and national origin), Title IX (for questions or
complaints based on sex), and Age Act (for questions or complaints based on age)

Coordinator
210 Grimes Street
Holdenville, OK 74848
Telephone: 405-379-5483

**If, as a result of a disability, you need assistance in completing this form, please contact the
District's Section 504/Title II Coordinator – Superintendent for assistance or accommodation.**

adopted 8-8-2011
revised 6-11-2012