

**AFFIRMATIVE ACTION GRIEVANCE FORM "A"**

FROM: \_\_\_\_\_, GRIEVANT

TO: \_\_\_\_\_, GRIEVANCE OFFICER

DATE: \_\_\_\_\_

**DESCRIPTION OF INCIDENT OF DISCRIMINATION**

\_\_\_\_\_  
SIGNATURE

This Complaint is Filed by: Please Circle	The Complaint refers to Discrimination on: Please Circle	This Complaint is in Specific Regard to: Please Circle
An Employee A Student An Applicant A Parent Other _____	Race Age Religion National Origin Sexual Orientation Gender      Handicap	School or classroom practice  An Employment practice

**RESULT OF INVESTIGATION**

Date Grievance Received: \_\_\_\_\_

Grievance Officer: \_\_\_\_\_

**NOTE: SUBMIT GRIEVANCE FORM IN TRIPLICATE**