GRIEVANCE REPORT
FORM

Step #1
FROM: ________________________________________________, Grieving Person
TO: ____________________________________________________, Grieving Officer
SUBJECT: ____________________________________________________________
DATE: ______________________
Description of happening: On, ____________________ 20____ Section # ______________________
               (date) of Title IX Policy, in my estimation was violated in the following manner:
Signature: ____________________________________________________________

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Step #2 (To be used by Grievance Officer Only)
Grievance# ______________________
               (to be assigned only if forwarded)

DATE FORWARDED: ______________________________
RESPONSE TO GRIEVANCE: ___________________________
Signature of Grievance Officer: _______________________
Date: ______________________