

NORTH READING PUBLIC SCHOOLS

GRIEVANCE REPORT FORM

DIRECTIONS:

This form should be completed by both the complainant(s) and the Non-Discrimination Compliance Coordinator in the event of a grievance related to non-discrimination compliance.

NAME OF COMPLAINANT	DAY, DATE, TIME OF REPORT SUBMISSION
EMPLOYEE OR STUDENT	BUILDING
NAME OF COMPLIANCE COORDINATOR RECEIVING THIS REPORT	DAY, DATE, TIME REPORT RECEIVED
DAY, DATE, TIME OF ALLEGED INCIDENT	NAME(S) OF PERSON(S) PRESENT DURING ALLEGED INCIDENT

SPECIFY TYPE OF DISCRIMINATION ALLEGED

<input type="checkbox"/> TITLE I	<input type="checkbox"/> TITLE II	<input type="checkbox"/> TITLE VI
<input type="checkbox"/> TITLE IX	<input type="checkbox"/> SECT 504	<input type="checkbox"/> MGL Ch. 76, SECTION 5

NATURE OF COMPLAINT
(ATTACH ADDITIONAL SHEETS IF NEEDED)

SPECIFIC RELIEF DESIRED
(WHAT DO YOU WANT DONE OR CORRECTED?)

FOLLOW-UP (CHECK ONE)

LETTER*

FACE-TO-FACE MEETING*

ADMINISTRATIVE ACTION (EXPLAIN)

OTHER (EXPLAIN)

SIGNATURES:

COMPLAINANT	NON-DISCRIMINATION	COMPLIANCE COORDINATOR
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OTHERS PRESENT	OTHERS PRESENT	
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*Attach copy of letter and response, if any, or summary of face-to-face meeting.