

**Nondiscrimination on the Basis of Handicap/Disability
(Grievance Form)**

Date: _____

1. Name of Grievant: _____ Title: _____

School: _____

Address: _____

Phone: _____

Summary Grievance:

2. _____

If others are affected by the possible violation, please give their names and/or positions: _____

3. Your suggestions on resolving the complaint: _____

4. Please describe any corrective action you wish to see taken with regard to the possible violation. You may also provide other information relevant to this grievance. _____

Signature of grievant

Date

Signature of person receiving grievance

Date

Issued: October 12, 2010

Swink School District #33, Swink, Colorado