

**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: _____

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: _____