

**Chinook School District**

GRIEVANCE/COMPLAINT FILING FORM

3215F

***This Grievance/Complaint Form may be used to file all written grievances or complaints (level 2) with the Chinook School District as outlined in district policy. Retain a copy of this form for your records.***

Date: \_\_\_\_\_

Your name: \_\_\_\_\_

Your School and/or Position: \_\_\_\_\_

Place Where You May Be Reached: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**THE FACTS:** (Please describe what happened in factual detail. Please identify witnesses or others who were present. Please identify any person(s) you believe may be responsible.) Use additional paper if needed.

**PAST HISTORY:** (Please describe any past incidents that you believe are related to this complaint) Use additional paper if needed.

**SUGGESTED REMEDY:** (Please describe any corrective action you wish to see taken with regard to the complaint. You may also provide other information relevant to this complaint) Use additional paper if needed.

\_\_\_\_\_  
Signature of Complainant                      Date

\_\_\_\_\_  
Signature of Person Receiving Complaint      Date