

**Somerset County Board of Education
Administrative Procedures
Policy # 500-18**

**BOARD OF EDUCATION OF SOMERSET COUNTY
GRIEVANCE FILING FORM**

Date: _____

Your name: _____

Your school and/or position: _____

Address: _____

Home phone: _____ Work phone: _____

Nature of your grievance. (Describe the policy or action you believe may be in violation of Title IX or other civil rights statute. Identify any person(s) you believe may be responsible.)

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

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

Location