

**SOUTHEAST AREA COOPERATIVE
TITLE IX GRIEVANCE REPORT FORM**

Name(s) of Grievant(s) _____

Date of Filing _____

School Building _____

Position of Grievant(s) _____

Home Address (es) _____

Phone number(s) _____

Nature of Grievance _____

Name and addresses of other involved in the grievance and the nature of their involvement

Signature of Grievant(s) _____

Person Receiving Grievance _____

Violation:

YES

NO (If no, please explain)

2. Corrective Actions Recommended:

3. Remedial Measures Recommended:

Signature

Date
