



**Grievance Form**

Name and Address of Charging Party (Grievant):

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

Phone numbers where Grievant may be reached:

Home: \_\_\_\_\_

Office: \_\_\_\_\_

Cell: \_\_\_\_\_

Other: \_\_\_\_\_

Statement of grievance (please provide as detailed a statement as is possible and attach supplemental pages so that we may have a complete understanding of your concerns):

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Who is your grievance against?

District

Individual(s): \_\_\_\_\_

Please identify any documents or other materials which support your grievance.

If documents or materials are in your possession, please attach copies to this grievance. If documents are not in your possession, please indicate where they are located.

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Please identify what action or relief you are seeking as a result of this grievance.

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\_\_\_\_\_  
Signature of Grievant

**IF, AS A RESULT OF A DISABILITY, YOU NEED ASSISTANCE IN COMPLETING THIS FORM PLEASE CONTACT THE DISTRICT'S TITLE IX/504 COORDINATOR,**

Jared Smith  
Sperry Public Schools  
400 W. Main Street  
Sperry, OK 74073

**FOR ASSISTANCE OR ACCOMMODATION.**