

CONFIDENTIAL GRIEVANCE PROCEDURE

The Collaborative will make every effort to protect the due process rights of all students, parents, and staff. ACCEPT strives to provide prompt and equitable resolution of complaints alleging discrimination based on legally protected categories (race, color, national origin, gender, religion, sexual orientation, disability). Investigation procedures will be uniform for all grievances reported.

Instructions: Use this form to report a grievance. Provide as much information as possible so the grievance may be properly investigated. Report the facts as accurately and completely as possible and cooperate with the person(s) designated to investigate the report.

Where to File: Return the form to Director of Special Education. If the grievance concerns the Director of Special Education, return the form to the Executive Director. The Collaborative will disclose the contents of your report only to those persons having a need to know about it. By signing the Grievance Form, you authorize the Collaborative to disclose, as needed, the information you have provided and may in the future provide regarding your report.

Retaliation against a person who files a formal grievance is prohibited and is grounds for discipline up to and including termination.

GRIEVANCE FORM

Grievance made by: _____

Program: _____

Date of Incident: _____ Time of Incident: _____ Location of Incident: _____

Describe the events or conduct that are the basis of this grievance.

I acknowledge that I have read and understand the above statements. I certify that all statements made in this report are true and complete. Any misstatement of material facts will subject me to appropriate discipline. I authorize the Collaborative to disclose the information I provide as necessary in pursuing the investigation.

Signature: _____

Date: _____