

Warner Public Schools
Grievance Form

1. Name and Address of Charging Party (Grievant):

2. Date: _____

3. Phone numbers where Grievant may be reached:
Home _____
Office _____
Cell _____
Other _____

4. Statement of grievance (please provide as detailed a statement as is possible and feel free to attach supplemental pages if necessary for a complete understanding of your concerns):

5. 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.

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

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,

Superintendent
Warner Public Schools
1012 5th Avenue
Warner, OK 74469

FOR ASSISTANCE OR ACCOMMODATION.