



Ridgeway RV School District Grievance Form

Grievant's Name: _____ Date of Form Completion: _____

Mailing Address: _____ Phone Number: _____

Email Address: _____

Date, Time and Place of Event/Issue:
Detailed Account of Issue (including names of any involved-may use back or additional papers):
Please list policies, procedures, and/or guidelines you feel have been violated:
Proposed Solution to Grievance:

The grievant should retain a copy of this form for his/her record. Signing this form indicates all grievances on the form are truthful. Received by: _____

Grievant's Signature: _____ Date: _____