

**IMAGINE SCHOOLS, INC.
GRIEVANCE FORM**

If you want to report an incident or complaint, or you believe that you have been discriminated against, harassed, or retaliated against in violation of Imagine’s policies, you must completely fill out the appropriate sections of this form and submit it according to the instructions on the last page, within ninety (90) calendar days of learning of the grievous incident.

Copies of the **Non-Discrimination and Anti-Harassment Policy** and the **Grievance Policy and Procedure** may be obtained from any Principal or Regional Director. Copies of these policies are also available on the school website and on the Imagine intranet (employees only). Review the Grievance Policy and Procedure for more details. This form and Imagine policies are subject to revision. Please ensure you are familiar with the Grievance Policy and Procedure. Keep a copy of this form for your records. No one may be retaliated against for filing a grievance or for supporting a discrimination or harassment allegation.

I. WHO IS FILING THIS GRIEVANCE?

- (A) Full Name: _____
- (B) Address: _____
- (C) Phone Number: _____ (home)
_____ (alternate number)
- (D) Are you an employee or the parent/legal guardian of a student alleging a complaint or grievance? **YES** or **NO** (circle one)

If you are parent/legal guardian, please complete sections (1)-(3) below:

- (1) Student Name : _____
- (2) Address: _____
- (3) Phone number: _____ (home)
_____ (alternate number)

II. THIS GRIEVANCE ALLEGES:

Please check as many boxes as apply to this Grievance.

(A) Discrimination or Harassment Based on:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Creed |
| <input type="checkbox"/> Color | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Age |

- Disability Veteran Status
- Sex (including gender, pregnancy, sexual orientation)
- Other: _____

(B) Retaliation Related to Discrimination or Harassment Complaint Based on:

- Race National Origin
- Color Age
- Religion Disability
- Creed Veteran Status
- Sex (including gender, pregnancy, sexual orientation)
- Other: _____

(C) Manner of Alleged Discrimination, Harassment and/or Retaliation:

- Physical
- Verbal
- Visual
- Unwelcomed Romantic or Sexual Attention
- Discriminatory Assignments
- Discriminatory Discipline
- Other: _____

(D) Other Concern or Complaint:

III. PROVIDE DETAILS OF THE GRIEVANCE

(A) Date(s) of Prohibited Conduct:

(B) Location(s) of Incident:

(C) Identify the accused, witnesses, and those to contact during an investigation

For each individual listed below, include, to the extent of your knowledge, the information requested below.

1. Who Committed the Prohibited Conduct?

Full Name:	
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Job Title:	
Supervisor:	
Address:	
Phone Number:	
Fax Number:	
Other Contact Information:	

2. Who Witnessed the Prohibited Conduct (if anyone)?

Full Name:	
Job Title:	
Supervisor:	
Address:	
Phone Number:	
Fax Number:	
Other Contact Information:	

Full Name:	
Job Title:	
Supervisor:	
Address:	
Phone Number:	
Fax Number:	
Other Contact Information:	

If you are aware of other witnesses, please attach additional pages

(D) Details of the Grievance:

Please carefully and completely describe the Prohibited Conduct about which you are complaining. Include all facts you wish to be considered with respect to your Grievance. If you feel you need to attach additional pages, please do so.

Details of the Grievance Continued:

