

IMAGINE SCHOOLS, INC.
GRIEVANCE FORM FOR STUDENTS, PARENTS, AND GUARDIANS

If you believe that you have been discriminated against, harassed, or retaliated against in violation of Imagine's **Non-Discrimination & Anti-Harassment Policy**, or you want to report an incident of harassment or discrimination, you must completely fill out the appropriate sections of this form and file 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 & Anti-Harassment Policy** and the **Grievance Policy and Procedure** may be obtained from any Principal or Regional Director. Copies of these documents are also available on-line at www.Imagine.org. Review the Policy and Procedure for more details. This form and the Policy and Procedure are subject to revision. Please ensure you are aware of the current Policy and Procedures. Keep a copy of this form for your records. No one may be retaliated against for filing or supporting a discrimination or harassment grievance.

I. WHO IS FILING THIS GRIEVANCE?

- (A) Full Name: _____
- (B) Address: _____
- (C) Phone Number: _____ (home)
_____ (alternate number)
- (D) Are you the parent or legal guardian of a student alleging a violation of Imagine's Non-Discrimination & Anti-Harassment Policy or other concern?

YES or **NO** (circle one)

If you answered yes to the above question, complete sections (1)-(4) below:

- (1) I am the **PARENT** or **LEGAL GUARDIAN** of the student alleging a violation (circle one)
- (2) Student Name: _____
- (3) Address: _____
- (4) Phone number: _____ (home)
_____ (alternate number)

II. THIS GRIEVANCE ALLEGES:

Please check as many boxes that may apply to this Grievance.

(A) Discrimination Or Harassment Based On:

- | | |
|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Color | <input type="checkbox"/> Age |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Creed | <input type="checkbox"/> Veteran Status |
| <input type="checkbox"/> Sex (including gender, pregnancy, sexual orientation) | |
| <input type="checkbox"/> Other: _____ | |

(B) Retaliation Related to Discrimination Or Harassment Complaint Based On:

- | | |
|--|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> National Origin |
| <input type="checkbox"/> Color | <input type="checkbox"/> Age |
| <input type="checkbox"/> Religion | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Creed | <input type="checkbox"/> Veteran Status |
| <input type="checkbox"/> Sex (including gender, pregnancy, sexual orientation) | |
| <input type="checkbox"/> Other: _____ | |

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

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

III. PROVIDE DETAILS OF THE GRIEVANCE

(A) Nature of Grievance:

(B) Date of Occurrence:

(C) Location of Occurrence:

(D) Identify the parties involved and any witnesses:

For each individual listed below, please provide, to the extent you know, the information requested:

1. Who Committed The Prohibited Conduct?

Full Name:	
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

(E) Details of the Grievance:

Please carefully and completely describe the conduct or concern 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.
