

NWBOCES
STUDENT GRIEVANCE FORM

Date: _____

Your Name: _____

Your Grievance: _____

(Send to Administrative Director for review)

Grievance Review:

Date Received: _____

Name and Position of Reviewer: _____

Comments:

Action Taken:

Signature of Student: _____

Signature of Reviewer: _____

(Written response due to complainant within 10 days of receiving complaint. Complaint and response due to each board member at next board meeting)

The Board reviewed your grievance on _____. Thank you
for your concerns. _____

(Board Chairman)

8022-R

Adopted 9-28-05
Revised 9-00
Revised 6-10
Reviewed 7-23-14
Reviewed 10-24-18