

School Board

Uniform Grievance Complaint Form

Please file this completed form with any District Complaint Manager. *Note: Filing this form initiates the formal grievance procedure.* A Complainant may forego any informal resolution attempts and proceed directly to this formal grievance procedure.

Complainant Name:

Relationship to District (Check one):

Student

Parent/Guardian

Employee

Community Member

Complainant Contact Information:

Mailing Address:

Phone Number:

Email Address:

Preferred Complaint Manager Gender (Optional):

Male

Female

No Preference

Please describe the incident(s) that led to this complaint.

- **Date(s) of Alleged Incident(s):**

- **Time(s) of Alleged Incident(s):**

- **Location(s) of Alleged Incident(s) (e.g., specific school, classroom, event):**

- **Name(s) of Accused/Party the Complaint is Against (School Board, employee, or agent):**

- **Role/Title of Accused (If known):**

- **Describe the alleged violation in detail (What exactly happened?):** *(Use a separate sheet if necessary)*

Indicate the nature of the complaint. Check all that apply to the alleged violation of rights guaranteed by the State or federal Constitution, State or federal statute, or Board policy.

- Title II of the Americans with Disabilities Act
- Title IX of the Education Amendments of 1972
- Section 504 of the Rehabilitation Act of 1973
- Discrimination/Harassment (Race, color, or national origin)
- Title VII of the Civil Rights Act of 1964
- Sexual Harassment (Non-Title IX related)
- Bullying
- Breastfeeding accommodations for students
- Misuse of funds (educationally disadvantaged/deprived children)
- Curriculum, instructional materials, and/or programs
- Victims' Economic Security and Safety Act
- Illinois Equal Pay Act of 2003
- Provision of services to homeless students
- Illinois Whistleblower Act

Employee Credit Privacy Act

Violation of State/federal Constitution, statute, or Board policy (Other): _____

List any witnesses to the alleged incident(s):

Witness Name	Relationship to District	Contact Information (if known)

Do you have documentation, evidence, or other materials to support your complaint (e.g., emails, photos, medical records, etc.)?

Yes. (Please describe and attach/submit with this form)

No.

What resolution or action are you seeking?

I affirm that the information provided in this complaint is true and accurate to the best of my knowledge.

Complainant Signature

Date

Internal Use Only

Date Received:

Complaint Manager:

Adopted: 04/28/2026

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