

General Personnel

Exhibit – Title IX Grievance Form

NAME: _____

ADDRESS: _____

PHONE: _____

Specific section number of Title IX that person feels is being violated:

Give written explanation of grievance: (Use additional paper if necessary.)

Signature

Date

Return to: Director of Personnel
Board of Education Office
1947 Adams Street
Granite City, IL 62040-3397

Reviewed: 2/10/98, 7/27/99, 9/11/07