

**Garfield Heights City Schools
COMPLAINT FILING FORM**

DATE: _____/_____/_____

Name of Aggrieved Person: _____

Address: _____

School: _____

Name of Complainant (Print): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Nature of your grievance: (Please describe the policy or action you believe may be in violation of title II, title VI, Title IX or Section 504. Please also identify the person(s) who you believe may be responsible.)

If others are affected by the possible violation, please give their names and/or positions:

Signature of Complainant

Date

**THIS FORM SHOULD BE SENT WITHIN THIRTY (30) CALENDAR DAYS OF THE
ALLEGED VIOLATION TO:**

Garfield Heights City Schools
Attn: Sean Patton
5640 Briarcliff Drive
Garfield Heights, OH 44125

Board of Education Use Only:

Person receiving grievance: _____ Date: ____/____/____