

**AMERICANS WITH DISABILITIES ACT GRIEVANCE FORM**

*Adoption Date:* 10/14/03, 12/08/09

*Revision Date:*

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1. Name and Address of Charging Party (Grievant)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Date \_\_\_\_\_

3. Phone numbers where you may be reached

Home \_\_\_\_\_

Office \_\_\_\_\_

4. Statement of grievance (please provide as detailed a statement as is possible and feel free to attach supplemental pages if necessary for a complete understanding of your concerns):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please identify any documents or other materials that support your grievance. If documents or materials are in your possession, please attach copies to this grievance form.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please identify what action or relief you are seeking as a result of this grievance.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Grievant

IF, AS A RESULT OF A DISABILITY, YOU NEED ASSISTANCE IN COMPLETING THIS FORM, PLEASE CONTACT THE HIGH SCHOOL PRINCIPAL, THE DISTRICT'S ADA COMPLIANCE OFFICER, FOR ASSISTANCE OR ACCOMMODATION.

HIGH SCHOOL PRINCIPAL  
707 South Curtis  
Welch OK 74369  
918-788-3222