

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