EPHRATA SCHOOL DISTRICT

GRIEVANCE REPORT FORM FOR NONCOMPLIANCE WITH REGULATION OF TITLE VI, TITLE IX, SECTION 504

Complaina	nt's Name:				
		Last Name	First	Name	Initial
Address:					
City:			State:		Zip Code:
Phone:					
Circle One:	Student	Employee	Parent	Other	
Date of Gri	evance:		Level Two	•	
			LEVEL TWO		
1. Stat	ement of Grieva	ance:			
2. Reli					
Sigr	nature:			Date:	
Disposition	by Enforcemen	t Coordinator: __			

The Ephrata School District complies with all state and federal rules and regulations and does not discriminate on the basis of race, color, national origin (including language), sex, sexual orientation including gender expression or identity, creed, religion, age, veteran or military status, disability, or the use of a trained dog guide or service animal by a person with a disability. This holds true for all district employment and for all students who are interested in participation in educational programs, and/or extracurricular school activities. Inquiries regarding compliance and/or grievance procedures may be directed to the school district coordinators: Title IX/Chapter RCW 28A.640, Michele Webb, 509-754-5285 Section 504/ADA, Travis Eloff, 509-754-3538 Harassment, Aaron Cummings, 509-754-5285

Signature:	Date:
	LEVEL THREE
Position of Grievant:	
Signature:	Date:
Date Received by Superintendent:	
Disposition by Superintendent:	
Signature:	Date:
	LEVEL FOUR
Position of Grievant:	
Signature:	Date:
Date Received by Ephrata School Board:	
Disposition by the Board:	
Disposition by the board.	
Signature:	Date:

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