

Franklin School Grievance Form

If you believe you or your student have been discriminated, please contact Becky Fitch at grievances@fppspv.net, call 928-775-6747, or stop by the Junior High Office.

Franklin School does not discriminate on the basis of race, color, national origin, sex, disability, and/or age. If you believe you have been discriminated against by anyone on school property or during a school function, you may use this form to document the complaint. However, this form is not required. Verbal or written complaints will be addressed immediately.

Date of complaint: _____

1. Name of person filing this complaint:

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

E-mail Address: _____

2. Name of person discriminated against (if other than person filing). If the person discriminated against is age 18 or older, we will need that person's signature on this complaint form. If the person is a minor, and you do not have the legal authority to file a complaint on the student's behalf, the signature of the child's parent or legal guardian is required.

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Work Telephone: _____

E-mail Address: _____

3. Name of person who discriminated: _____

4. Please indicate the basis of your complaint:

- Discrimination based on race
- Discrimination based on color
- Discrimination based on national origin
- Discrimination based on sex
- Discrimination based on disability
- Discrimination based on age

Please explain:
