

ANCHORAGE SCHOOL DISTRICT

Student Grievance Form

Students are encouraged to discuss their concern with their school principal, who may be able to resolve the concern at the school level. If your principal is not able to resolve your concern, please use the form below.

Name:		Today's date:
Name of student (if different th	an above):	
Email address:		
Home phone number: Mobile pho		number:
Name of person(s) the complai	nt is about:	
Date of incident	:	
□ Discrimination	□ Harassment	Sexual Harassment
Gender	Gender	Retaliation
🗆 Age	🗆 Age	□ Bullying
□ Race/Color	□ Race/Color	
National Origin	National Origin	
Religion	Religion	
Marital Status	Marital Status	
Disability	🗆 Disability	
Sexual Orientation	□ Sexual Orientation	

Please describe your concern(s) in the space provided including any names of witnesses and any available documentation. You may provide additional attachments, as necessary.

Printed name

Signature

Once completed, please save (or print) this form and deliver it to the Diversity, Equity, Inclusion, and Community Engagement Office in person, email to <u>eeo@asdk12.org</u>, or by fax to 907-742-4226.