**GRIEVANCE INVESTIGATION DOCUMENTATION FORM**

Name of individual alleging noncompliance with Regulations outlined in Title IX, Section 504, and/or Board Policy:

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

Grievance Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State the nature of the complaint and the remedy requested.

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Investigator Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Persons Interviewed/Information Considered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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After investigation, it is more likely than not that the following facts are true: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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It is more likely than not that the District’s policy prohibiting discrimination, harassment, and retaliation was / was not violated.

Corrective Action Needed? Yes / No. If yes, describe corrective action needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Investigator’s Signature