

NOME PUBLIC SCHOOLS
DISCIPLINE APPEAL/GRIEVANCE FORM

Grievant Name: _____ Date: _____ Time: _____

What action is being appealed/grieved? _____

What is the reason this action is being appealed/grieved? _____

What outcome are you seeking with this appeal/grievance? _____

Signature of Grievant

Signature of Recipient

Date Received

Time Received

Appeal/Grievance (Initial Level): Granted _____ Denied _____

Appeal/Grievance (Building Level): Granted _____ Denied _____

Appeal/Grievance (District Level): Granted _____ Denied _____