

Send to: Principal's Office

or

**Superintendent's Office
111 N. Montana St.
Butte, MT 59701**

(Name of School)

UNIFORM GRIEVANCE FORM
(This form must be completely filled out.)

Refer to Policy and Procedure 5240 before completing. Complaints that are not resolved at Level 1, may proceed to the next Level with this form. This form is to be prepared by an individual with the District, who wishes the District to process a complaint about an employee or a program of the District.

I wish to have the District process my complaint about the services of:

(Individual)

or by:

(Program)

Date:

Name:

Address:

Signature:

Telephone #:

1. These are my concerns (attach separate sheet, if necessary):

2. I have observed the situation myself: _____ Yes _____ No

3. I have reviewed/discussed these concerns with the following District employees:

4. Proposed resolution: