

Bernalillo Public Schools Title IX Grievance Form

For Internal Use:

Date Received:

BPS Investigator Assigned:

Manner of Filing Grievance:

In Person _____ Fax _____ Letter (copy attached) _____ Mail _____ Other _____

Required Information:

Name of Grievant	Title (If applicable)
------------------	------------------------

Work Location / School	Telephone Number
------------------------	------------------

Supervisor	Title	Telephone Number
------------	-------	------------------

Grievance is Against (name of: person, contractor, entity)	Telephone Number
--	------------------

Position/Title of person who discriminated	Their Location/Address
--	------------------------

Factual Allegations:

1. Please describe the nature of your grievance. Make sure you include the discriminatory act(s) or incident(s) that alleged discrimination that occurred against you on the basis of sex; be sure to indicate the date(s) when the act(s) or incident(s) allegedly occurred. Attach additional sheets if necessary.

2. Identify other persons who may have observed the act(s) or incident(s) you describe.
(Please give their Name, Position, and Telephone number).

3. Identify others, if any, whom you know have been treated the same or differently in a similar situation.
(Please give their Name, Position, and Telephone number)

4. List other pertinent information available that you believe may assist in the investigation and/or the resolution of this grievance.

(Optional)

5. Please identify requested relief to the problem.

Signature: _____

Date: _____

Mail or deliver to:
Bernalillo Public Schools
Attn: Dr. Eric W. James – Title IX Coordinator
560 South Camino Del Pueblo
Bernalillo, New Mexico 87004
Telephone: 505-404-5717 (FAX) 505-867-7850

Note: All information on this form is confidential and is to be disclosed only to those persons with a need to know.

Revised 8/15/2018