

**Stanly County Schools
Grievance Complaint Form**

Name: _____

Phone: _____

Address: _____

State the ~~law, regulation, policy or procedure that has not been followed~~: **name of the school system employee or other individual whose decision or action is at issue:**

List the ~~details that describe the problem (include dates, places, and those involved)~~: **specific decision(s) or action(s) at issue:**

List the ~~steps you have taken so far to solve the problem~~: **any board policy, state or federal law, state or federal regulation, or State Board of Education policy or procedure that the parent or guardian or student believes has been misapplied, misinterpreted or violated:**

Describe the specific resolution desired:

Date

Signature

Return to:

Step 1 - The School Principal

**Steps 2 & 3 - Grievance Officer, Stanly County Schools, 1000-4 N First Street,
Albemarle, NC 28001**