

EQUAL EDUCATIONAL **JBMB-E1**
OPPORTUNITIES GRIEVANCE PROCEDURE FORM

Carbon County School District No.2
Decision Report

Name of Grievant: _____

Decision Level: *(circle one)* 1 2 3

Date of this decision: _____

Summary Statement:

LEVEL I	_____	_____
	Signature of Title IX Coordinator	Date

LEVEL II	_____	_____
	Signature of Superintendent	Date

LEVEL III	_____	_____
	Signature of Board Chairman	Date

APPROVED 1/21/85