



Colton-Redlands-Yucaipa
Regional Occupational Program

E- 4144/4244/4344 BP

1214 Indiana Court, Redlands, CA 92374 / P.O. Box 8640, Redlands, CA 92375
Phone: 909-793-3115 Fax: 909-793-6901

Grievance Form

Individuals should access the Uniform Complaint Procedures when they believe that there has been a violation of federal and state laws. The ROP Assistant Superintendent - Education services and/or the Coordinator of Personnel Services are the designated advisors. This form should be used for complaints.

Please Print:

Name: []
Address: [] City: [] State: [] Zip: []
Phone: []

Complaint Filed Against:

Name: [] Job Title: [] Location: []

Please be complete and accurate in describing the problem:

1. Describe the alleged discriminatory act(s) or omission(s). Be specific and include details. Do not use broad terms like "this person offended me or harassed me." Describe what was said or done. Use additional pages if needed.

[]

2. Date(s) of the above incident(s): [] 3. Time(s) of the above incident(s): []

4. Location(s) where the above incident(s) occurred: []

5. Witnesses to, or other participants in, the above incident(s), including employees and other persons: []

6. Resolution Desired: []

I verify that the above information is true and correct to the best of my knowledge.

Complainant Signature: [] Date: []

Admin Use

In Person By Phone Meeting Date: []
 Concluded Decision Investigation Time: []
 Appeal Closed