



ALTURAS INTERNATIONAL ACADEMY

151 N Ridge Avenue, Idaho Falls, ID 83402 | Office: 208-522-5145 | Fax: 208-522-5147
Office@AlturasAcademy.org | AlturasAcademy.org

COMMUNITY RELATIONS

4105F

Uniform Grievance Procedure

Concern You Would Like Addressed

(Please keep your presentation to one sheet. Thank you.)

If the complaint pertains to sexual harassment or sexual misconduct, the concern should be remanded to the Title IX Coordinator to address in accordance with Policy 3085.

Name: _____ Date: _____

Mailing Address: _____

Phone Number(s): _____

Subject: _____

Please identify the right guaranteed by the state or federal constitution, state or federal statute, or Board policy you believe has been violated. If this was an instance of sexual harassment, please report the issue as described in Policy 3085 and Procedure 3085P.:

Examples that validate the problem: _____

Results: _____



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Suggested Solutions: _____

Response Date: _____

Person Responding: _____



Response to Concern

Person Responding: _____ Response Date: _____

Method used to communicate response: _____

Actions Taken to Investigate Concern: _____

People contacted in gathering information upon which to make decision: _____

Findings of the Investigation: _____

Decision: _____

Results of communicating the decision: _____



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Signature of Respondent

Date