



HIM By HER™ Collegiate School for the Arts*
4501 East 32nd Street • Indianapolis, IN 46218
Phone: (317) 918-7799 • Email: info@himbyherschool.org
Website: www.himbyherschool.org

GENERAL GRIEVANCE FORM

INFORMATION AND INSTRUCTIONS (Updated 5-5-2022)

Purpose of this Form: This Form (on the next page) is used to submit complaints and other grievances regarding the HIM By HER™ Collegiate School for the Arts (HBHCSA), its administrators, staff, teachers, activities, and matters associated with HBHCSA facilities.

Who may use this Form: This form may be used to make complaints and grievances by: HBHCSA parents/guardians and students (through their parents or guardians); all HBHCSA personnel, including faculty, staff, administrators, and other employees; and members of the community at large.

What happens when this form is submitted: When a Grievance Form is received, it will be investigated, someone will reach out to the complainant for follow-up and additional information, as needed, a finding will be made if possible, the matter will be referred to persons responsible for addressing the complaint, the matter will be resolved to the complainant's satisfactory if appropriate and possible, or the matter will be referred with recommendation to the HBHCSA School Board for a vote of resolution at a scheduled School Board meeting as soon as practicable. A person filing a complaint/grievance should normally expect a written response/summary with a finding or findings, action taken or recommended, or indication of the next steps in the process, within a reasonable timeframe commensurate with the complaint.

Procedure for submitting a complaint/grievance: This Form (on the next page) should be completed as fully as possible (please feel free to download and print it if you are viewing it online). The completed Form with signature (actual and electronic signatures are acceptable) and any additional sheets or documents needed to explain the complaint should be emailed to the HBHCSA Stakeholder Resolution and Grievance Committee at: grievance@himbyherschool.org. Alternatively, the signed, completed form and any additional sheets may be submitted to the HBHCSA Main Office. Thank you.

Sincerely,

Stakeholder Resolution and Grievance Committee

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COMPLAINANT’S INFORMATION: Complainant’s Name: _____

Address: _____ (street)

_____ (state) _____ (zip code)

Email address(es): _____

Telephone number(s): _____

Best days or times to contact: _____

Representing: Self; or the following: _____

Relationship to the Complainant: _____

Relationship of the School to Complainant or the Person Represented by Complainant (check applicable):

Parent/guardian; Student of School; Staff/general employee at School; Teacher at School;

Administrator at School; member of the Public; or Other: _____

COMPLAINT DETAILS (USE EXTRA PAGES AS NEEDED)

DESIRED OUTCOME (USE EXTRA PAGES IF NEEDED)

STATEMENT AND SIGNATURE: I affirm that the above statements are true to the best of my knowledge.

Signature of Complainant or Complainant’s Representative

Date

Please submit this Form and additional sheets to grievance@himbyherschool.org, or to the Main Office.

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