

**Grievance Initiation Form**

This form shall be used by an employee who wishes to allege a violation of a constitutional, statutory, or regulatory provision, Board policy, or administrative rule or procedure and to secure at the lowest administrative level an equitable and prompt resolution.

**GRIEVANT**

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

Work Location \_\_\_\_\_ Title \_\_\_\_\_

**GRIEVANCE**

Identify the provision that you allege was violated. Use full names, dates, exact location, and specific occurrence, if appropriate. (Use additional sheet if necessary.)

---

---

---

What results are you seeking from this grievance initiation? (Use additional sheet if necessary)

---

---

\_\_\_\_\_  
*Employee's Signature*

\_\_\_\_\_  
*Date*

**LEVEL ONE: IMMEDIATE SUPERVISOR**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date grievance received at this level \_\_\_\_\_

**IMMEDIATE SUPERVISOR'S RESPONSE (USE ADDITIONAL SHEET IF NECESSARY.)**

---

---

---

\_\_\_\_\_  
*Supervisor's Signature*

\_\_\_\_\_  
*Date*

**THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN ~~3~~-THREE-~~5~~-FIVE-~~10~~-TEN (10) WORKING DAYS OF RECEIPT OF THIS GRIEVANCE AT THIS LEVEL.**

=====

**Grievance Initiation Form**

**BOARD POLICY ALLOWS FOR APPEAL OF THE IMMEDIATE SUPERVISOR'S DECISION AND THE OPPORTUNITY TO ADDRESS THE GRIEVANCE TO A HIGHER LEVEL OF AUTHORITY IF THE IMMEDIATE SUPERVISOR IS AN ALLEGED PARTY IN THE COMPLAINT.**

**LEVEL TWO: SUPERINTENDENT/DESIGNEE**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Date grievance received at this level \_\_\_\_\_

**SUPERINTENDENT'S/DESIGNEE'S RESPONSE (USE ADDITIONAL SHEET IF NECESSARY.)**

---

---

---

\_\_\_\_\_  
*Superintendent's/Designee's Signature* *Date*

**THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN ~~☐ THREE~~ ~~☐ FIVE~~ ~~☐ TEN~~ (10) WORKING DAYS OF RECEIPT OF THIS GRIEVANCE AT THIS LEVEL.**

=====

**THE BOARD WILL NOT HEAR ANY GRIEVANCE CONCERNING PERSONNEL ACTIONS UNLESS THE GRIEVANCE CONCERNS AN ALLEGED VIOLATION OF CONSTITUTIONAL, STATUTORY, REGULATORY, OR POLICY PROVISIONS.**

**LEVEL THREE: BOARD OF EDUCATION**

Note: The Board shall not take action on any grievance that does not fall within the authority of the Board, nor shall the Board hear grievances concerning simple disagreement or dissatisfaction with a personnel action.

Date grievance received at this level \_\_\_\_\_

**BOARD OF EDUCATION'S RESPONSE (USE ADDITIONAL SHEET IF NECESSARY.)**

---

---

---

\_\_\_\_\_  
*Board Chairperson's Signature* *Date*

**THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN ~~☐ THREE~~ ~~☐ FIVE~~ ~~☐ TEN~~ (10) WORKING DAYS OF RECEIPT AFTER THE NEXT REGULARLY SCHEDULED BOARD MEETING.**