

EMPLOYEE GRIEVANCE REPORT FORM

Personnel

3021

Date:

Name of Grievant:

Worksite:

Home Phone:

Work Phone:

Other Phone:

Statement of Grievance:

Relief Sought:

Request Meeting: ☐ Yes ☐ No If yes, meeting date scheduled: _____

Grievant's Signature: _____ Date: _____

Received By: _____ Date: _____

LEVEL I

Meeting Date: _____

Level I Response:

Response Accepted (issue resolved): ☐ Yes ☐ NoRejected (appeal to Level II): ☐ Yes ☐ NoRequest Meeting: ☐ Yes ☐ No If yes, meeting date scheduled: _____

Grievant's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

LEVEL II

Meeting Date: _____

Level II Response:

Response Accepted (issue resolved): ☐ Yes ☐ NoRejected (appeal to Level III): ☐ Yes ☐ NoRequest Meeting: ☐ Yes ☐ No If yes, meeting date scheduled: _____

Grievant's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

LEVEL III

Panel Selection Date: _____

Panel Hearing Date: _____

Panel Recommendation:

Superintendent's Recommendation: ☐ Accept ☐ Reject Date: _____

Response Accepted (issue resolved): ☐ Yes ☐ No

Rejected (appeal to School Board): ☐ Yes ☐ No

Request Hearing: ☐ Yes ☐ No If yes, hearing date scheduled: _____

Superintendent Signature (or designee): _____ Date: _____

Grievant's Representative Signature: _____ Date: _____

3rd Party Neutral Signature: _____ Date: _____

APPEAL TO SCHOOL BOARD

Date Submitted: _____

Hearing Date: _____

School Board Decision:

School Board President

Signature (or designee): _____

Date: _____

*** Decision of the School Board is final.**