

LEVEL ONE: EMPLOYEE GRIEVANCE FORM
BCS 1750-7220 A

SUBMIT TO IMMEDIATE SUPERVISOR

Grievance File No. _____

To file a formal grievance, please fill out the form completely and submit it in person, email, fax, or U.S. Mail to the appropriate administrator within the time established in *Policy 1750/7220, Grievance Procedure For Employees*.

Employee's Name: _____

Job Title: _____

School/Department: _____

Supervisor's Name: _____

The name of the school system employee or other individuals whose decision or action is at issue:

Statement of Grievance: (Please read the list of issues that are not grievable on the back of the Grievance Procedures for Employees flowchart.)

For clarification of the issues of your grievance, please provide statements regarding the unfavorable employment decision/condition which is the subject of this grievance. (Describe what happened, when and where, how your employment has been affected, and indicate names of others involved. Additional pages may be attached. Attach any other supporting documentation.)

List specific problem(s)/issue(s).

Identify any board policies, state or federal laws, state or federal regulations or procedures you believe have been misapplied, misinterpreted, or violated.

Please describe any efforts you have made to resolve your concern informally and the response to your efforts.

If there is not a specific decision, action or physical condition at issue and no concern that state or federal law has been misapplied, misinterpreted or violated, then the procedure established in board Policy 1742/5060, Responding to Complaints, is appropriate and the official will address the concern following that board policy.

To whom did you present your informal concern:

Date of communication:

Method of Communication: Phone Fax Letter Email Conference

Please describe the specific resolution desired:

If you will be represented by another party in pursuing your grievance, please identify the person representing you.

Name: _____

Organization's name (if applicable): _____

Address: _____

Phone: _____

Email: _____

My signature indicates that the information contained on this form and attachments to this form are true and factual to the best of my knowledge.

Signature of Grievant

Date

Method of Delivery

Grievant, please note:

A grievance form that is incomplete in any material way may be dismissed but may be resubmitted with all the required information if resubmitted within the designated time for filing a grievance.

Attach to this form, any documents you believe will support the grievance. Please keep a copy of the completed form and any supporting documentation for your records.

Submit the completed Level One Grievance and supporting documents to your immediate supervisor.

