

LEVEL TWO: EMPLOYEE GRIEVANCE FORM
BCS 1750-7220 B

APPEAL TO THE SUPERINTENDENT

Grievance File No. _____

To appeal a Level One decision or the lack of a timely response after submitting a Level One grievance, please fill out the form completely and submit it in person, fax, or U.S. Mail to the superintendent within the time established in *Policy 1750/7220, Grievance Procedures For Employees*.

Employee's Name: _____

Job Title: _____

School/Department: _____

Supervisor's Name: _____

To whom did you present your Level One grievance: _____

Date you received response to the Level One grievance: _____

Please state specifically how you disagree with the outcome at Level One (attach additional sheets if needed).

Resolution Requested: Indicate the action(s) that would resolve your grievance.

If you will be represented by another party in pursuing your Level Two appeal, please identify the name of your representative: _____

Organization's name (if applicable): _____

Address: _____

Phone: _____ Email: _____

Please attach a copy of the following documents:

- a) the original grievance and any documentation submitted at Level One
- b) a copy of the Level One response being appealed, if applicable

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:

*The Level Two appeal must be made within **5 days** of receiving the Level One decision. The superintendent or designee will arrange for a meeting with the grievant to take place within **15 days** after receiving the Level Two appeal. The superintendent or designee may take up to 30 days to investigate, or longer if agreed to by both parties, if the superintendent or designee determines additional time is needed to develop the factual record. Otherwise, the superintendent will provide a written response within **5 days** after the meeting.*

A Level Two Appeal 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 an appeal.

Submit Level Two Grievance to the Superintendent:

Email: dphipps@beaufort.k12.nc.us

US Mail: BCS Superintendent
321 Smaw Road
Washington, NC 27889

In Person: Submit to the receptionist to deliver to the Superintendent
321 Smaw Road
Washington, NC 27889

Fax: Attn: Superintendent
252-946-8788

