

**LEVEL THREE: EMPLOYEE GRIEVANCE FORM**  
**BCS 1750-7220 C**

**APPEAL TO THE BOARD OF EDUCATION**

**Grievance File No.** \_\_\_\_\_

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

Employee's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

School/Department: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Date you received a response to the Level Two grievance: \_\_\_\_\_

Please state specifically how you disagree with the outcome at Level Two.

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

Has a specific decision of a school official adversely affected your employment status or the terms or conditions of your employment? If so, please explain.

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*If you have alleged a violation of a specified federal or state law, federal or state regulation, State Board of Education policy or procedure, local board policy or procedure, or you have alleged that a specific decision of a school official adversely affects your employment status or the terms and conditions of your employment, you have a right to appeal the superintendent's decision to the board of education.*

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

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

Name of Representative: \_\_\_\_\_

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.*

*Board hearings will be conducted pursuant to Policy 2500 Hearings Before the Board. The board will provide a final written decision within 5 days of the hearing unless further investigation is necessary or the hearing necessitates that more time be taken to respond.*

*Submit Level Three Appeals:*

*Email: [lduke@beaufort.k12.nc.us](mailto:lduke@beaufort.k12.nc.us)*

*US Mail: Chairperson  
Beaufort County Board of Education  
321 Smaw Road  
Washington, NC 27889*

*In person: Submit to the receptionist to deliver to the Board Clerk  
321 Smaw Road  
Washington, NC 27889*

*Fax: 252-946-8788  
Attn: Lisa Duke, Board Clerk*

