

**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 ☐ No

Rejected (appeal to Level II):            ☐ Yes ☐ No

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

Grievant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*LEVEL II*

Meeting Date: \_\_\_\_\_

**Level II Response:**


Response Accepted (issue resolved):    ☐ Yes ☐ No

Rejected (appeal to Level III):            ☐ Yes ☐ No

Request 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:** \_\_\_\_\_

**3<sup>rd</sup> Party Neutral Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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*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.*