

STAFF COMPLAINTS AND GRIEVANCES
(Grievance Initiation Form)

This form provides the opportunity for an employee to question the application of a Board policy or administrative rule or procedure and to secure at the lowest administrative level an equitable, prompt and satisfactory solution.

Grievant Information	
Employee name _____	Date _____
Home address _____	
Work location _____	Title _____

Grievance

Identify the policy, rule or procedure for which application is at issue. Use full names, dates, exact location, and specific occurrence, if appropriate. (Use additional sheet if necessary.)

What results are you seeking from this grievance initiation? (Use additional sheet if necessary)

Employee's Signature

Date

Level One: Immediate Supervisor

Date grievance received at this level _____

Name _____ Title _____

Immediate Supervisor's Response. (Use Additional Sheet if Necessary)

Supervisor's Signature

Date

FILE: GBM-AF

This response shall be presented to the grievant within five (5) working days of receipt of this grievance at this level.

BOARD POLICY ALLOWS FOR APPEAL OF THE IMMEDIATE SUPERVISOR'S DECISION AND THE OPPORTUNITY TO ADDRESS THE GRIEVANCE TO A HIGHER LEVEL OF AUTHORITY IF THE IMMEDIATE SUPERVISOR IS AN ALLEGED PARTY IN THE COMPLAINT.

Level Two: Principal

This level may be omitted if principal serves as immediate supervisor or if the employee is not under the supervision of a building principal.

Date grievance received at this level _____

Name: _____ Title _____

Principal's Response (Use additional sheet if necessary)

Principal's Signature

Date

This response will be presented to the grievant within ten (10) working days of receipt of this grievance at this level.

BOARD POLICY ALLOWS FOR APPEAL OF THE PRINCIPAL'S DECISION AND THE OPPORTUNITY TO ADDRESS THE GRIEVANCE TO A HIGHER LEVEL OF AUTHORITY IF THE PRINCIPAL IS AN ALLEGED PARTY IN THE COMPLAINT.

Level Three: Superintendent/Designee

Date grievance received at this level _____

Name: _____ Title: _____

Superintendent's/Designee's Response (Use additional sheet if necessary)

Superintendent's/Designee's Signature

Date

This response shall be presented to the grievant within ten (10) working days of receipt of this grievance at this level.

BOARD POLICY ALLOWS BOTH FOR APPEAL OF THE SUPERINTENDENT'S DECISION AND THE OPPORTUNITY TO ADDRESS THE GRIEVANCE TO A HIGHER LEVEL OF AUTHORITY IF THE SUPERINTENDENT IS AN ALLEGED PARTY IN THE COMPLAINT.

Level Four: Board of Education

Date grievance received at this level _____

Board of Education's Response (Use additional sheet if necessary)

Signature of Board Chairperson

Date

This response shall be presented to the grievant within 15 working days of receipt after the next regularly scheduled Board meeting.

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Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 11/20/2000

Clinton School District #124, Clinton, Missouri

