

STAFF COMPLAINTS AND GRIEVANCES
(Grievance: Level One Findings)

This form provides the opportunity for an employee to question the application of a Board policy, regulation or procedure, or of an employee handbook, employee contract or existing law and to secure at the lowest administrative level an equitable, prompt and satisfactory solution. Complaints relating to discrimination or harassment will be resolved in accordance with policy AC and regulation AC-R.

Grievant's Information

Employee Name: _____

Date: _____

Home Address: _____

Work Location: _____

Title: _____

Level One: Immediate Supervisor

Date Grievance Received at this Level: _____

Name: _____

Title: _____

Results of Level One investigation of this report and conclusions: (Use additional sheet if necessary.)

Corrective Action (Use additional sheets if necessary.)

Is corrective action needed? Yes No

If yes, state the type of corrective action that will be recommended.

Supervisor's Signature

Date

FILE: GBM-AF2

Basic

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. APPEALS MUST BE SUBMITTED IN WRITING WITHIN FIVE (5) WORKING DAYS OF THE ORIGINAL DECISION. PLEASE USE THE APPEAL FORM PROVIDED.

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

Implemented: 03/10/2003

Clinton School District #124, Clinton, Missouri