**Greenville Public School District**

**Grievance Form**

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| **Name:** Click here to enter text. | **Date:** Click here to enter a date. |
| **Mailing Address:** Click here to enter text. | **Phone Number:** Click here to enter text. |
| **School/Site:** Choose an item. | **Position:** Click here to enter text. |
| **Grievance Statement (Include witnesses, if any.)**  Click here to enter text. | |
| **Relief Sought:**  Click here to enter text. | |
| **Employee’s Signature:** | |
| **Date:** Click here to enter a date. | |
| **Level One: Decision of Immediate Supervisor:**  Click here to enter text. | |
| **Supervisor’ Signature:** | |
| **Date:** Click here to enter a date. | |
| **Employee’s Answer:**  I am satisfied with the answer to my grievance.  I am not satisfied with the answer to my grievance and wish it to proceed to the next step. | |
| **Employee’s Signature:** | |
| **Date:** Click here to enter a date. | |

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| **Level Two: Reply to Employee Grievance, Next Level of Management** |
| **Decision of Supervisor/Superintendent:**  Click here to enter text |
| **Supervisor’s/Superintendent’s Signature:** |
| **Date:** Click here to enter a date. |
| **Employee’s Answer:**  I am satisfied with the answer to my grievance.  I am not satisfied with the answer to my grievance and wish to proceed to the next step. |
| **Employee’s Signature:** |
| **Date:** Click here to enter a date. |

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| **Level Three: Reply to Employee’s Grievance, Next Level of Management** |
| **Decision of Superintendent:**  Click here to enter text. |
| **Superintendent’s Signature:** |
| **Date:** Click here to enter a date. |