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| --- | --- | --- | --- |
| Name: | Click or tap here to enter text. | Date: | Click or tap to enter a date. |
| Mailing Address: | Click or tap here to enter text. | Phone Number:  | Click or tap here to enter text. |
| School/Site: | Choose a location. | Position: | Click or tap here to enter text. |
| Date of Oral Meeting: | Click or tap to enter a date. |  |
| What is the complaint? | Click or tap here to enter text. |
| What was the outcome? | Click or tap here to enter text. |
| Employee’s Response  |  |
|  | [ ]  | I am satisfied with the answer to my grievance. |  |
|  | [ ]  | I am not satisfied with the answer to my grievance. |  |
| Grievance Statement (Include witnesses, if any.) |
| Click or tap here to enter text. |
| Relief Sought: |
| Click or tap here to enter text.  |
| Employee’s Signature: |  | Date: |  |
|  |
| Level One: Decision of Immediate Supervisor:  |
|  |
| Supervisor’s Signature: |  | Date: |  |  |
|  |  |  |  |
| Employee’s Response  |  |  |  |
|  | [ ]  | I am satisfied with the answer to my grievance. |  |
|  | [ ]  | I am not satisfied with the answer to my grievance. |  |
| Employee’s Signature: |  | Date: |  |

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| Level Two: Reply to Employee Grievance, Next Level of Management |
| Decision of Supervisor/Superintendent |
| Click or tap here to enter text. |
| Supervisor’s/Superintendent’s Signature |  | Date: | Click or tap to enter a date. |
| Employee’s Response |
|  |[ ]  I am satisfied with the answer to my grievance. |
|  |[ ]  I am not satisfied with the answer to my grievance. |
| Employee’s Signature |  | Date: |  |  |
|  |  |  |  |

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