

Spartanburg School District Four
Grievance Form for Professional Staff

FILE: GBK-E

Grievant Name: _____ Date Filed: _____

School/Department: _____ Job Title: _____

Describe the specific grounds under the grievance policy and regulations for your grievance. Include specific remedy sought.

Date of Event Giving Rise to Grievance: _____

Grievant Signature: _____ Date: _____

Date Received by Immediate Supervisor: _____

Response to Grievance:

Grievant checks one: _____ Resolved _____ Unresolved

Grievant Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

I hereby appeal this grievance to the Superintendent of Spartanburg School District Four, based on the following unacceptable conditions of the resolution.

Grievant Signature: _____ Date: _____