



GRIEVANCE REPORT

Name of Grievant: _____ Work Location: _____

Home Address: _____

Home or Cell Number: _____ Work Number: _____ Email: _____

Preferred Method of Contacting Grievant: _____

1. **DESCRIPTION OF GRIEVANCE:** Provide a complete description of the grievance, including the date(s) of the act, omission or decision that is subject of the grievance, and all pertinent facts supporting the grievance, including the names of any people who can provide information regarding the grievance.

A. Identify (and attach) any Board policy, procedure, or work rule that has violated or misapplied, if any.

B. Identify supervisors, administrators, or other decision-makers whose actions led to the filing of the grievance, and all witnesses or other persons having information that is relevant to the grievance.

Attach and include copies of documentary material or other evidence that is relevant to the grievance.

2. **DESCRIPTION OF SPECIFIC RELIEF (CORRECTIVE ACTION) SOUGHT:**

3. **DESCRIPTION OF EFFORTS MADE TO RESOLVE THE PROBLEM OR COMPLAINT** (If no such effort has been made to date, explain why):

I affirm that to the best of my knowledge, the foregoing information is true, accurate, and complete.

Signature of Employee/Grievant

Date

FOR OFFICE USE ONLY

Date Grievance Report filed with Superintendent: _____

Date Superintendent Response is Due: _____

Received By: _____