

Maplewood Richmond Heights School District
Employee Grievance Form

Employee Name:

Job Title:

Building:

Phone Number:

I have discussed this complaint with my immediate supervisor and I have received his/her verbal answer on (date) ____/____/_____. Because this answer is unacceptable to me, I wish to file a formal complaint.

Adverse Impact Statement: Specify the law, ordinance, resolution, board policy or rule that was violated and how it adversely affected you.

Nature of Grievance: Explain how you were unfairly treated including names and dates. *(use back of form if needed)*

A Just and Fair Solution to my grievance is:

I understand that if I wish to further appeal my complaint I have five (5) working days from the superintendent's decision to submit the grievance to the next step in the procedure. Grievances not appealed in a timely manner are considered at the previous level. **I understand that I may not grieve a termination and all grievances complaining of termination are automatically denied at the time of filing.**

Signature: _____ **Date:** ____/____/_____

*Original to be retained by employee

*Copy submitted to proper appeals person in the Office of Human Resources