



SELMA CITY SCHOOLS

One Vision. One Voice. One Selma.

GRIEVANCE FORM

Department of Human Resources
& Staff Development

*This form may be attached to the
completed grievance at any step.*

PURPOSE

Any employee may register a grievance when he/she believes there has been improper treatment by the misinterpretation or violation of the Selma City Schools' policies, laws, or administrative regulations or procedures, or an alleged complaint of harassment or discrimination. In the employees' effort to secure consideration, adjustment, or settlement of grievances, employees shall be free of interference, restraint, coercion, or reprisals. It is desirable that problems be resolved at the earliest possible time and at the most immediate level of supervision.

FILING TIMEFRAME

A formal grievance must be filed by the employee within 10 calendar days of the alleged incident or, if the behavior has been ongoing, within 30 workdays from the last occurrence.

EARLY RESOLUTION

Before taking grievances to a higher level, employees shall be encouraged to discuss them with their immediate supervisors and exhaust all means of remedying the grievance prior to contacting the Board.

EMPLOYEE INFORMATION

Name: _____

Employee ID: _____

Position/Title: _____

School/Department: _____

Work Location: _____

Phone: _____

Email Address: _____

ALLEGED INCIDENT INFORMATION

Date(s) of Incident: _____ Time (if applicable): _____

Location of Incident: _____

Nature of Grievance (Please describe the incident in detail. Attach additional pages if needed.)

PREVIOUS DISCUSSION

Have you discussed this concern with your immediate supervisor? ☐ Yes ☐ No

If yes, date of discussion: _____ Outcome of discussion: _____

EMPLOYEE CERTIFICATION

I certify that the information provided above is true and complete to the best of my knowledge.

Signature of Employee: _____ Date: _____