



SELMA CITY SCHOOLS

One Vision. One Voice. One Selma.

GRIEVANCE ACTIONS LOG

*This form is used to document actions taken
and decisions made at each step of the grievance process.*

Employee Name: _____

Employee ID: _____

Position/Title: _____

School/Department: _____

Date of Initial Incident: _____

Date Grievance Filed (Step I): _____

Nature of Grievance: _____

STEP I LOCAL SCHOOL (Immediate Supervisor/Principal)

Due within 10 calendar days of incident

ACTION TAKEN

Date grievance received: _____

Received by (Name/Title): _____

Investigation conducted: ☐ Yes ☐ No

Dates of investigation: _____

Witnesses/Evidence received: ☐ Yes ☐ No

If yes, describe: _____

Administrator Signature: _____

DECISION/OUTCOME

Date decision issued: _____

Decision: _____

Resolved: ☐ Yes ☐ No

Date: _____

EMPLOYEE ACKNOWLEDGMENT

I have received the decision for Step I.

Employee Signature: _____

Date: _____

APPEAL TO STEP II

Appeal requested: ☐ Yes ☐ No

Date appeal filed: _____

Forwarded to Central Office Designee on: _____

STEP II CENTRAL OFFICE DESIGNEE (Superintendent's Designee)

Due within 10 calendar days of Step I decision

ACTION TAKEN

Date appeal received: _____

Received by (Name/Title): _____

Conference/Hearing scheduled: _____

Date: _____

Attendees (include representative, if any): _____

Notice provided to all parties: ☐ Yes ☐ No

Central Office Designee Signature: _____

DECISION/OUTCOME

Date decision issued: _____

Decision: _____

Resolved: ☐ Yes ☐ No

Date: _____

EMPLOYEE ACKNOWLEDGMENT

I have received the decision for Step II.

Employee Signature: _____

Date: _____

APPEAL TO STEP III

Appeal requested: ☐ Yes ☐ No

Date appeal filed: _____

Forwarded to Superintendent on: _____

STEP III SUPERINTENDENT

Due within 10 calendar days of Step II decision

ACTION TAKEN

Date appeal received: _____

Meeting scheduled: _____

Date: _____

Attendees (include representative, if any): _____

Notice provided to all parties: ☐ Yes ☐ No

Superintendent Signature: _____

DECISION/OUTCOME

Date decision issued: _____

Decision: _____

Resolved: ☐ Yes ☐ No

Date: _____

EMPLOYEE ACKNOWLEDGMENT

I have received the decision for Step III.

Employee Signature: _____

Date: _____

APPEAL TO STEP IV

Appeal requested: ☐ Yes ☐ No

Date appeal filed: _____

Forwarded to Board of Education on: _____

STEP IV BOARD OF EDUCATION

Due within 10 calendar days of Step III decision

ACTION TAKEN

Date appeal received: _____

Board meeting scheduled: _____

Date: _____

Attendees (include representative/counsel, if any): _____

Board meeting held: _____

Date: _____

Board Chair Signature: _____

DECISION/OUTCOME

Date decision issued: _____

Decision: _____

Resolved: ☐ Yes ☐ No

Date: _____

EMPLOYEE ACKNOWLEDGMENT

I have received the decision for Step IV.

Employee Signature: _____

Date: _____

FINAL DECISION

This decision of the Board of Education
is final.