STAFFORD MUNICIPAL SCHOOL DISTRICT

EMPLOYEE GRIEVANCE FORM

Employee Complaints/Grievances | Board Policy DGBA(LOCAL)

Instructions: Complete this form and submit it to the appropriate administrator and the Human Resources Department within the timeline established by DGBA (LOCAL).

EMPLOYEE INFORMATION

Employee name:			
Employee ID:		**Position/Title:**	
Work Location:		**Work phone:**	
Mailing address:			
Personal phone:		**Email address:**	

REPRESENTATIVE INFORMATION, IF APPLICABLE

Representative name:			
Address:			
Phone:		**Email:**	

☐ Representative will participate by telephone or virtual conference, if permitted.

COMPLAINT INFORMATION

Date of event/decision:		**Date submitted:**	
Administrator receiving filing:			

1. Describe the decision, action, or circumstances causing the complaint and explain the individual harm you allege resulted. Include specific facts, dates, locations, and persons involved.

2. Identify the specific policy, law, regulation, employment term, or other provision you believe was violated, if known.

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3. State the specific remedy or outcome requested. The remedy should address the alleged individual harm.

EMPLOYEE ACKNOWLEDGMENT

By signing below, I certify that the information provided is true and complete to the best of my knowledge. I understand that this grievance will be processed under DGBA(LOCAL), that an incomplete filing may delay or affect processing, and that I am responsible for meeting all applicable timelines.

Employee/Representative Signature Date

Attachments submitted: ☐ Supporting documents ☐ Policy or provision cited ☐ Representative designation

DISTRICT RECEIPT AND LEVEL ONE DISPOSITION

Date received: **Time received:**

Received by: **Method:**

☐ Hand delivery ☐ Email/electronic ☐ U.S. mail ☐ Other: _____

Conference date: **Decision date:**

Level One decision/disposition:

Level One Administrator Signature Date

Notice to employee: If you are dissatisfied with the Level One decision, submit a written Level Two Notice of Appeal in accordance with DGBA(LOCAL). Signing an acknowledgment of receipt does not indicate agreement with the decision.

I do not accept the above decision and am referring this dispute to the next level.

Employee/Representative Signature Date

NOTICE OF APPEAL - LEVEL TWO

Employee Complaints/Grievances | Board Policy DGBA(LOCAL)

DISTRICT RECEIPT AND LEVEL TWO DISPOSITION

Date received: _____ **Received by:** _____

Hearing date: _____ **Decision date:** _____

Level Two decision/disposition:

_____

Superintendent/Designee Signature Date

Notice to employee: If you are dissatisfied with the Level Two decision, submit a written Level Three Notice of Appeal in accordance with DGBA(LOCAL). Signing an acknowledgment of receipt does not indicate agreement with the decision.

I do not accept the above decision and am referring this dispute to the next level.

_____

Employee/Representative Signature Date

NOTICE OF APPEAL - LEVEL THREE

Employee Complaints/Grievances | Board Policy DGBA(LOCAL)

DISTRICT RECEIPT AND BOARD ACTION

Date received: _____ **Received by:** _____

Board hearing date: _____ **Date notice sent:** _____