

**GRIEVANCE FORM**

**GRIEVANT:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**STATEMENT OF GRIEVANCE**

**A. Date cause of grievance occurred:** \_\_\_\_\_

**B. Date of informal discussion with Party in interest:** \_\_\_\_\_

**C. Description of grievance:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(attach additional pages, if necessary)**

**D. Relief sought:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Grievant**

**LEVEL 2**  
**GRIEVANCE PROCEDURE**  
**RESOLUTION**

Supervisor: \_\_\_\_\_

Date Received: \_\_\_\_\_

Hearing Date (if any): \_\_\_\_\_

Resolution of Supervisor: \_\_\_\_\_

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\_\_\_\_\_  
Date of Resolution

\_\_\_\_\_  
Signature of Principal or Immediate Supervisor

**POSITION OF GRIEVANT**

\_\_\_\_\_ I am satisfied with the resolution of the Supervisor.

\_\_\_\_\_ I am not satisfied with the resolution of the Supervisor and hereby appeal the resolution to Level 3.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Grievant

**LEVEL 3**  
**GRIEVANCE PROCEDURE**  
**RESOLUTION OF THE SUPERINTENDENT**

**Date Received:** \_\_\_\_\_

**Hearing Date (if any):** \_\_\_\_\_

**Resolution of Superintendent:** \_\_\_\_\_

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\_\_\_\_\_  
**Date of Resolution**

\_\_\_\_\_  
**Signature of Superintendent**

**POSITION OF GRIEVANT**

\_\_\_\_\_ **I am satisfied with the resolution of the Superintendent.**

\_\_\_\_\_ **I am not satisfied with the resolution of the Superintendent and hereby request a Level 4 hearing before the Board of Education or its Review Committee.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Grievant**

