

EMPLOYEE GRIEVANCE STATEMENT

FILE: GBK-E

Name: _____

Supervisor or principal: _____

Location: _____

(If enough space is not provided below please continue the item on the back of the page.)

Reason for grievance (state here the precise action or condition that you wish to grieve).

Witnesses (list here anyone having knowledge of the facts listed above who you think should be consulted in resolving your grievance).

Pertinent facts (state here any facts that you think are important to a current resolution of the grievance).

Remedy requested (state here the action[s] you would like to see taken as a result of your grievance).

Signature

Date filed

Appeals

Immediate supervisor

Date of response

First appeal supervisor

Conference requested

Date of response

Second appeal supervisor

Conference requested

Date of response

Third appeal supervisor

Conference requested

Date of response

Superintendent

Conference requested

Date of response

Board of trustees hearing requested

Calhoun County School District