

Grievance Form-Level 1

Submission of Complaint-All portions of this section must be completed by the grievant.

Employee Name: _____ Work Location: _____

Statement of Grievance: _____

Specify policy or regulation alleged to have been violated (cite source):

Date

Signature

Upon completion of this section, grievant shall present original and copies #2 and #3 to immediate supervisor. Copy #4 should be retained by grievant.

Immediate Supervisor's Response: _____

Date

Signature

Upon completion of this section, immediate supervisor shall retain original, present copy #2 to grievant, and forward copy #3 to Assistant Superintendent, Personnel.