

STAFF GRIEVANCES
(Grievance Findings)

This form provides the opportunity for an employee to question the application of a Board policy, regulation or procedure, or of an employee handbook, employee contract or existing law and to secure at the lowest administrative level an equitable, prompt and satisfactory solution. Complaints relating to discrimination or harassment will be resolved in accordance with policy AC.

Grievant's Information

Employee Name: _____ Date: _____

Home Address: _____

Work Location: _____

Title: _____

Findings

Grievant's Name: _____

Step (circle one): 1 2 3 4

Date Grievance Was Received at this Step: _____

Results of investigation and findings/conclusions: (Use additional sheets if necessary.)

Corrective Action

Is corrective action needed? Yes No

If yes, state the type of corrective action that will be recommended. (Use additional sheets if necessary.)

FILE: GBM-AF2
Basic

Signature and Title Date

BOARD POLICY ALLOWS FOR APPEAL OF DECISIONS AT STEPS 1, 2 AND 3. APPEALS MUST BE SUBMITTED IN WRITING WITHIN FIVE (5) DAYS OF THE ORIGINAL DECISION. PLEASE USE THE APPEAL FORM PROVIDED.

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Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 08-06-2007

Revised: 01-2011

Tri-County RVII School District; Jamesport MO