

STAFF GRIEVANCES
(Appeals of Formal Grievance Decisions)

Grievant's Information

Name: _____ / _____ / _____

Home Address: _____

Work Location: _____ Position: _____

E-mail Address: _____

Telephone Number: _____ Mobile Phone Number: _____

This is an appeal of the findings and conclusions at the following step:

- G Step One: Immediate Supervisor
- G Step Two: Principal or Designee
- G Step Three: Superintendent or Designee

The previous decision is erroneous because (use additional sheets if necessary): _____

Attach copies of the Grievance Initiation Form (GBM-AF1) and all lower-level findings and conclusions.

Signature of Grievant

Date

For Office Use Only

FILE: GBM-AF3
Basic

Date Received: _____

* * * * *

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