

STAFF GRIEVANCES
(Grievance Initiation Form)

This form provides the opportunity for an employee to allege that a collective bargaining agreement or a specific, written, Board-adopted policy or regulation has been violated or misinterpreted. The purpose of the grievance process is 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

Name: _____

Home Address: _____

Work Location: _____ Position: _____

E-mail Address: _____

Telephone Number: _____ Mobile Phone Number: _____

Grievance

Identify the collectively bargained agreement or Board-adopted policy or regulation for which application is at issue and attach a copy of the disputed provision to this form. _____

Explain in detail the reason you believe that a violation or misinterpretation of the above provision occurred. Provide as many facts as possible. Use full names, dates, exact locations and specific occurrences, if appropriate. (Use additional sheets if necessary.) _____

FILE: GBM-AF1
Basic

What results are you seeking from this grievance initiation? (Use additional sheets if necessary.)

Signature of Grievant

Date

<p><i>For Office Use Only</i> Date Received by Immediate Supervisor: _____</p>
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Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented:

Revised: