

GRIEVANCE/COMPLAINT FORM

Level (Check one) II. ____ III. ____ IV. ____

Name of Grievant: _____ Assignment: _____

Date of occurrence giving rise to the grievance: _____

Citation of specific board policy or administrative regulation alleged to have been violated:

Statement of Grievance: _____

Relief Sought: _____

Signature of Grievant: _____ Date: _____

Decision and Supporting Reason (s): _____

Signature and Title _____ Date _____

If additional space is needed to complete any segment(s) of this form, attach and properly identify additional pages.