

STAFF COMPLAINTS AND GRIEVANCES
(Grievance Initiation Form)

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: _____

Grievance

Identify the Board policy, regulation or procedure, or employee handbook, employee contract or existing law for which application is at issue. Use full names, dates, exact location and specific occurrence, if appropriate. (Use additional sheet if necessary.)

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

Signature of Grievant

Date

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