

**Grievance Form (Step 2)**

**Grievant Information**

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| --- | --- | --- | --- | --- | --- |
| Employee Name: |  |  | Date Grievance Submitted: | |  |
| Home Address: |  |  | Phone#: |  | |
| Work Location: |  |  | Employee’s Position: |  | |
| Supervisor’s Name: |  |  | Supervisor’s Title: |  | |

**Grievance**

**Resolution**

State specific result(s) you are seeking from this grievance. Why was the result from Step 1 unsatisfactory? (Attach additional sheet if necessary.)

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I would like further consideration of my grievance through Step 2. I understand this request must be made to the Associate/Assistant Superintendent within seven (7) days after receiving the decision from Step 1. I also understand that the Associate/Assistant Superintendent has seven (7) work days to render a decision to me in writing.

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| --- | --- | --- |
| **Signature of Grievant** |  | **Date** |

***This form should be submitted to the Assistant Superintendent of HR***

***along with all supporting documents.***

**Human Resources Review**

Meeting occurred on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and was / was not successfully resolved (see attached letter).

Name(s) & Title(s) of those present for conference:

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| ***Signature of Administrator*** |  | ***Date*** |