

**Grievance Form (Step 4)**

**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 3 unsatisfactory? (Attach additional sheet if necessary.)

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I would like further consideration of my grievance through Step 4. I understand this request must be made to the Board of Education within ten (10) days after receiving the decision from Step 3. I also understand that the Board of Education has ten (10) 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 Superintendent’s Office.***

**board of Education’s Review**

Meeting occurred on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (see attached letter).

Final Resolution:

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| ***Signature of Board Members***  |  |  |
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***This form and all supporting documents must be maintained by HR for one year.***