

**Grievance Form (Step 4)**

**Grievant Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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.)

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

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.

|  |  |  |
| --- | --- | --- |
| **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:

|  |
| --- |
|  |
|  |
|  |

|  |  |  |
| --- | --- | --- |
| ***Signature of Board Members*** |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

***This form and all supporting documents must be maintained by HR for one year.***