

GRIEVANCE FORM

GRIEVANCE DATE:

NAME OF PERSON FILING GRIEVANCE: _____

BOARD POLICY ALLEGED TO HAVE BEEN VIOLATED:

PERSON OR PERSONS ALLEGED TO BE RESPONSIBLE FOR CAUSING SUCH EVENTS OR CONDITIONS:

GENERAL STATE OF GRIEVANCE:

REDRESS SOUGHT BY AGGRIEVED PARTY:

SIGNED: _____

Aggrieved Party

DATE RECEIVED BY PRINCIPAL: _____

Form Available in O-Zone/Departments/HR/Forms