

WARREN COUNTY SPECIAL SERVICES SCHOOL DISTRICT  
Grievance Form

Name of Grievant: \_\_\_\_\_

Title and Work Location: \_\_\_\_\_

Date Grievable Action Occurred: \_\_\_\_\_

Detailed Statement of Grievance:

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Section(s) of contract, board policy, statutes, or regulations alleged to have been violated:

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Remedy being sought: \_\_\_\_\_

Grievant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LEVEL ONE:** Director of Special Education/Principal

Informal conference held: \_\_\_\_\_ (date) between grievant

and Director of Special Education/Principal \_\_\_\_\_ (name)

Result of conference:

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**LEVEL TWO: Superintendent**

Grievant not satisfied with response at Level One and is submitting written grievance to Level Two.

Grievant s Signature: \_\_\_\_\_ Date submitted: \_\_\_\_\_

Response of Superintendent:

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Superintendent s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LEVEL THREE: Board of Education**

Grievant not satisfied with response at Level Two and is submitting the grievance to Level Three.

\_\_\_\_\_ The grievant hereby requests that a review of the above written documentation be made by the Board of Education.

\_\_\_\_\_ The grievant hereby requests a hearing with the Board of Education.

Grievant s Signature: \_\_\_\_\_ Date submitted: \_\_\_\_\_

\_\_\_\_\_ The Board of Education hereby requests a hearing with the employee.

Date of Board Hearing: \_\_\_\_\_

