

WARREN COUNTY SPECIAL SERVICES SCHOOL DISTRICT

GRIEVANCE FORM

Name of Grievant: _____

Title and Work Location: _____

Date Grievable Action Occurred: _____

Detailed Statement of Grievance:

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

Remedy being sought: _____

Grievant's/Association

Signature: _____

LEVEL ONE: Superintendent

Decision:

Signature of Superintendent _____

Date of Decision: _____

LEVEL TWO: Board of Education

Grievance not satisfied with response at Level One and is appealing grievance to Level Two.

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

Grievant's/Association's Signature: _____

Date submitted: _____

Date of Board Hearing _____

Response of Board of Education:

Signature of Board President/Designee: _____

Date: _____

LEVEL THREE: Arbitration (Limited to grievances as described in Article III, Paragraph 9(b)).

Grievant/Association is not satisfied with response at Level Three and is submitting the grievance to Arbitration.

Grievant's/Association Signature: _____

Date: _____