

FAYETTE COUNTY BOARD OF EDUCATION
FORMAL GRIEVANCE FORM

NAME OF GRIEVANT: _____ DATE FILED: _____

DAY PHONE: _____ HOME PHONE: _____

SCHOOL/DEPT: _____ IMMEDIATE SUPERVISOR: _____

GRIEVANT'S REPRESENTATIVE (If Any): _____

APPLICABLE BOARD POLICY, PROCEDURE, REGULATION OR ALLEGED UNFAIR TREATMENT: _____

DATE OF GRIEVANT'S FIRST KNOWLEDGE OF INCIDENT: _____

STATEMENT OF GRIEVANCE: _____

ACTION/REDRESS SOUGHT: _____

SIGNATURE OF GRIEVANT: _____

-----TO BE COMPLETED BY SUPERVISORS-----

DATE OF MEETING WITH IMMEDIATE SUPERVISOR: _____

IMMEDIATE SUPERVISOR'S RESPONSE: _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____ NEXT LEVEL SUPERVISOR: _____

DATE REC'D: _____ NEXT SUPERVISOR'S RESPONSE: _____

SIGNATURE: _____ DATE: _____ NEXT LEVEL SUPERVISOR: _____

DATE REC'D: _____ NEXT SUPERVISOR'S RESPONSE: _____

SIGNATURE: _____ DATE: _____ NEXT LEVEL SUPERVISOR: Superintendent

DATE REC'D: _____ SUPERINTENDENT'S RESPONSE: _____

SIGNATURE: _____ DATE: _____ NEXT LEVEL: School Board (If Applicable)

Appeal is available to the Board only if grievance does not concern personnel actions.

This form is for processing grievances under Fayette County Board of Education policy. The purpose of this grievance procedure is to provide employees an orderly and systematic method of investigation, consideration, and reconciliation, at the lowest possible level, of their concerns. Concerns shall be regarding violation, misinterpretation, or misapplication of Board policy or procedure, or unfair treatment, which is alleged to affect the terms or conditions of an employee's employment. No reprisal shall be taken against any employee who chooses to utilize the grievance procedure.

Distribution: All grievance material shall be filed separately from the employee's personnel file and shall be available to the employee and supervisor(s).
Time Limits: All time limits are 5 days throughout the procedure up to the Board level.