

SECTION IV – PERSONNEL
FORMS

Statement of Grievance, Policy 4965.00 – SAMPLE FORM, Classified Employees

STATEMENT OF GRIEVANCE

Type or Print:

Aggrieved
Person _____

Date of Formal
Presentation _____

Home Address of
Aggrieved Person _____

Telephone _____

School or Building _____

Work Assignment _____

Immediate Supervisor _____

Years in School System _____

STATEMENT OF GRIEVANCE:

Nature of Grievance

How Violated

When Violated

RELIEF SOUGHT:

DISTRIBUTION OF FORM

Immediate Supervisor
Superintendent
(10/16/19)

Signature of Aggrieved