

Grievance Form

Name _____ Phone Number _____ Date _____

Address _____

Description of Grievance (Make sure to include who, what, when, why, and where)

Grievant, what action do you request to resolve the grievance?

Grievant's Signature

Staff, provide the best possible resolution to solve the grievance and prevent a reoccurrence.

- I accept the Resolution.
- I Do Not accept the Resolution and request to move to the next step.
- I Do Not accept the Resolution but do not elect to move to the next step.

Grievant's Signature

Staff's Signature

Date

Final Determination (The next step in process based on the above information)

Grievant's Signature

Staff's Signature

Date

*** A copy of all grievances must be sent to Administration and grievant whether resolved or not.**