

# 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.