

**STAFF COMPLAINTS AND GRIEVANCES**  
*(Grievance Initiation Form)*

This form provides the opportunity for an employee to question the application of a Board policy, regulation or procedure, or of an employee handbook, employee contract or existing law and to secure at the lowest administrative level an equitable, prompt and satisfactory solution. Complaints relating to discrimination or harassment will be resolved in accordance with policy AC.

**Grievant's Information**

Employee name: \_\_\_\_\_ Date: \_\_\_\_\_

Home address: \_\_\_\_\_

Work location: \_\_\_\_\_ Title: \_\_\_\_\_

**Grievance**

Identify the Board policy, regulation or procedure, or employee handbook, employee contract or existing law for which application is at issue. Use full names, dates, exact location and specific occurrence, if appropriate. (Use additional sheet if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What results are you seeking from this grievance initiation? (Use additional sheet if necessary.)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Grievant

\_\_\_\_\_  
Date

\* \* \* \* \*

*Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.*

FILE: GBM-AF1  
Basic

Implemented: 08/21/2002

Hamilton R-II School District, Hamilton, Missouri

**STAFF COMPLAINTS AND GRIEVANCES**  
*(Grievance: Level One Findings)*

This form provides the opportunity for an employee to question the application of a Board policy, regulation or procedure, or of an employee handbook, employee contract or existing law and to secure at the lowest administrative level an equitable, prompt and satisfactory solution. Complaints relating to discrimination or harassment will be resolved in accordance with policy AC.

**Grievant's Information**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Location: \_\_\_\_\_

Title: \_\_\_\_\_

**Level One: Immediate Supervisor**

Date Grievance Received at this Level: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Results of Level One investigation of this report and conclusions: (Use additional sheet if necessary.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Corrective Action** (Use additional sheets if necessary.)

Is corrective action needed?  Yes  No

If yes, state the type of corrective action that will be recommended.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

This response shall be presented to the grievant within five (5) working days of receipt of this grievance at this level.

FILE: GBM-AF2  
Basic

BOARD POLICY ALLOWS FOR APPEAL OF THE IMMEDIATE SUPERVISOR'S DECISION AND THE OPPORTUNITY TO ADDRESS THE GRIEVANCE TO A HIGHER LEVEL OF AUTHORITY IF THE IMMEDIATE SUPERVISOR IS AN ALLEGED PARTY IN THE COMPLAINT. APPEALS MUST BE SUBMITTED IN WRITING WITHIN FIVE (5) WORKING DAYS OF THE ORIGINAL DECISION. PLEASE USE THE APPEAL FORM PROVIDED.

\* \* \* \* \*

*Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.*

Implemented: 08/21/2002

Hamilton R-II School District, Hamilton, Missouri

**STAFF COMPLAINTS AND GRIEVANCES**  
*(Grievance: Level Two Findings)*

This form provides the opportunity for an employee to question the application of a Board policy, regulation or procedure, or of an employee handbook, employee contract or existing law and to secure at the lowest administrative level an equitable, prompt and satisfactory solution. Complaints relating to discrimination or harassment will be resolved in accordance with policy AC.

**Grievant's Information**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Work Location: \_\_\_\_\_  
Title: \_\_\_\_\_

**Level Two: Principal/Designee**

*Note: This level may be omitted if principal/designee serves as immediate supervisor or if the employee is not under the supervision of a building principal.*

Date Grievance Received at this Level: \_\_\_\_\_  
Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Title: \_\_\_\_\_

Results of Level Two investigation of this report and conclusions: (Use additional sheet if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Corrective Action** (Use additional sheets if necessary.)

Is corrective action needed?  Yes  No  
If yes, state the type of corrective action that will be recommended.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Principal's/Designee's Signature Date

FILE: GBM-AF3

Basic

This response will be presented to the grievant within ten (10) working days of receipt of this grievance at this level.

BOARD POLICY ALLOWS FOR APPEAL OF THE PRINCIPAL'S/DESIGNEE'S DECISION AND THE OPPORTUNITY TO ADDRESS THE GRIEVANCE TO A HIGHER LEVEL OF AUTHORITY IF THE PRINCIPAL IS AN ALLEGED PARTY IN THE COMPLAINT. APPEALS MUST BE SUBMITTED IN WRITING WITHIN FIVE (5) WORKING DAYS OF THE ORIGINAL DECISION. PLEASE USE THE APPEAL FORM PROVIDED.

\* \* \* \* \*

*Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.*

Implemented: 08/21/2002

Hamilton R-II School District, Hamilton, Missouri

**STAFF COMPLAINTS AND GRIEVANCES**  
*(Grievance: Level Three Findings)*

This form provides the opportunity for an employee to question the application of a Board policy, regulation or procedure, or of an employee handbook, employee contract or existing law and to secure at the lowest administrative level an equitable, prompt and satisfactory solution. Complaints relating to discrimination or harassment will be resolved in accordance with policy AC.

**Grievant's Information**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Work Location: \_\_\_\_\_  
Title: \_\_\_\_\_

**Level Three: Superintendent/Designee**

Date Grievance Received at this Level: \_\_\_\_\_  
Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Title: \_\_\_\_\_

Results of Level Three investigation of this report and conclusions. (Use additional sheet if necessary.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Corrective Action** (Use additional sheets if necessary.)

Is corrective action needed?  Yes  No  
If yes, state the type of corrective action that will be recommended.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Superintendent's/Designee's Signature Date

FILE: GBM-AF4  
Basic

This response shall be presented to the grievant within ten (10) working days of receipt of this grievance at this level.

BOARD POLICY ALLOWS BOTH FOR APPEAL OF THE SUPERINTENDENT'S DECISION AND THE OPPORTUNITY TO ADDRESS THE GRIEVANCE TO A HIGHER LEVEL OF AUTHORITY IF THE SUPERINTENDENT IS AN ALLEGED PARTY IN THE COMPLAINT. APPEALS MUST BE SUBMITTED IN WRITING WITHIN FIVE (5) WORKING DAYS OF THE ORIGINAL DECISION. PLEASE USE THE APPEAL FORM PROVIDED.

\* \* \* \* \*

*Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.*

Implemented: 08/21/2002

Hamilton R-II School District, Hamilton, Missouri



**STAFF COMPLAINTS AND GRIEVANCES**  
*(Grievance: Level Four Findings)*  
*(Before the Board of Education of the Hamilton R-II School District)*

This form provides the opportunity for an employee to question the application of a Board policy, regulation or procedure, or of an employee handbook, employee contract or existing law and to secure at the lowest administrative level an equitable, prompt and satisfactory solution. Complaints relating to discrimination or harassment will be resolved in accordance with policy AC.

**Grievant's Information**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Work Location: \_\_\_\_\_  
Title: \_\_\_\_\_

**Level Four: Board of Education**

Date Grievance Received at this Level: \_\_\_\_\_

Findings and Conclusions: (Use additional sheet if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Corrective Action** (Use additional sheets if necessary).

Is corrective action needed?  Yes  No

If yes, state the type of corrective action that will be recommended.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Board Chairperson

\_\_\_\_\_  
Date

FILE: GBM-AF5  
Basic

This response shall be presented to the grievant within 15 working days of receipt after the next regularly scheduled Board meeting.

\* \* \* \* \*

*Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.*

Implemented: 08/21/2002

Hamilton R-II School District, Hamilton, Missouri

**STAFF COMPLAINTS AND GRIEVANCES**  
*(Grievance: Appeal)*

**Grievant's Information**

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

This is an appeal of the findings and conclusions at the following level:

- Level One -- Immediate Supervisor
- Level Two -- Principal/Designee
- Level Three -- Superintendent/Designee

The reason for the appeal is:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attach copies of grievance (GBM-AF1) and all lower-level findings and conclusions.

\_\_\_\_\_  
Signature of Grievant

\_\_\_\_\_  
Date

*For Office Use Only:* Date \_\_\_\_\_

\* \* \* \* \*

**Note:** *The reader is encouraged to review policies and/or procedures for related information in this administrative area.*

Implemented: 08/21/2002

Hamilton R-II School District, Hamilton, Missouri

