



## **Chilton County Schools Employee Complaints / Grievance Procedure**

*The forms on the following pages are provided to assist the District in processing employee complaints.*

Form A: Employee Complaint Form - 1 page

Form B: Response by Supervisor/Principal - 1 page

Form C: Appeal of Response to Superintendent - 1 page

Form D: Superintendent Response to Appeal - 1 page

- Should the grievant choose to appeal the Superintendent's response, he/she may appeal to the Board. The Board will investigate the matter and respond to the employee within 15 days.

Any employee filing a complaint must fill out this form completely and submit it to his or her principal or immediate supervisor. All complaints will be processed in accordance with state law and local school board policy or any exceptions outlined therein. Complaint must be presented within 10 days of incident being addressed.

1. Name \_\_\_\_\_

2. Position \_\_\_\_\_ Campus/Department \_\_\_\_\_

3. Please state the date of the event or series of events causing the complaint.

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

4. Please state your complaint, including the individual harm alleged.

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

5. Please state specific facts of which you are aware to support your complaint (list in detail).

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

6. Please state the remedy you seek for this complaint.

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

Employee signature

Date submitted



## Grievance Procedure

### Level I-Response by Administrator/Supervisor (Form B)

Report of Level One Conference by Supervisor/Administrator The administrator conferencing with the complainant (employee) must fill out this form completely and submit it to the superintendent. All complaints will be processed in accordance with state law and local school board policy or any exceptions outlined therein. Response should be provided to employee within 10 days.

1. Complainant's Name \_\_\_\_\_

2. Position \_\_\_\_\_ Campus/Department \_\_\_\_\_

3 Date and time of conference \_\_\_\_\_

4. The facts as presented by the complainant are as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. In my opinion, the allegations made in the original complaint (are) (are not) adequately supported by the facts submitted.

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. In my opinion, the remedy sought by the complainant (is) (is not) justified by the facts submitted.

Explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. The decisions made or recommendations agreed upon as a result of the conference are as follows: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of supervisor/administrator

\_\_\_\_\_  
Date

Before submitting this report to the Superintendent or designee, attach a copy of the complainant's original written complaint and a copy of the written response that was given to the employee (no later than 10 working days after the conference with the employee).

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date Received





**Grievance Procedure**  
**Report of Level II by Superintendent (Form D)**

This form must be filled out completely by the Superintendent in accordance with State Law and Local School Board Policy or any exceptions outlined therein. This response should be presented to employee within 15 days of receiving the Appeal of Level I.

1. Complainant's Name \_\_\_\_\_

2. Position \_\_\_\_\_ Campus/Department \_\_\_\_\_

3 Date and time of conference \_\_\_\_\_

4. The facts as presented by the complainant are as follows:

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

5. In my opinion, the allegations made in the original complaint (are) (are not) adequately supported by the facts submitted.

Explanation \_\_\_\_\_

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

6. In my opinion, the remedy sought by the complainant (is) (is not) justified by the facts submitted.

Explanation

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

7. The decisions or recommendations are as follows:

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

\_\_\_\_\_  
Signature of Superintendent

\_\_\_\_\_  
Date

.....

In the case of an appeal of the Superintendent's decision to the Board, attach a copy of the employee's original written complaint (Form A), a copy of the Level One Response (Form B), and copies of the written responses that have been given to the employee by the supervisor/administrator (Form C) and by the Superintendent (Form D). An appeal to the Board must be filed within 5 days of the decision presented by the Superintendent.

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date