

NEBO SCHOOL DISTRICT
GRIEVANCE FORM

Page One

To be filed within ten (10) school days after the aggrieved person knew or should have known of the act or condition on which the grievance is based.

Name and Address of Aggrieved employee(s)	Phone Number	School Location	Grade or Subject	Principal or Immediate Supervisor
Date Grievance was first discussed with principal or immediate supervisor:		Date of first presentation of this written grievance to the principal or immediate supervisor:		

I. Provisions of the Professional Agreement or of Board Policy allegedly being violated, misinterpreted, or misapplied (Please quote word for word):

II. Statement of grievance:

III. Action requested to resolve grievance:

Name(s) of person or persons (if any) designated as representatives:

Signature of person filing this grievance:

NEBO SCHOOL DISTRICT

Grievance Form

Page 2

Aggrieved employee(s): _____

Date of first written presentation: _____

I. Decision of the principal or immediate supervisor (Please attach a letter to the aggrieved employee stating the reasons for this decision):

Date of this decision: _____

Signature: _____

Aggrieved employee's response:

() I hereby accept the above decision.

Date of response: _____

() I hereby present the above decision to the
Superintendent or the Chairman of the Professional
Rights and Responsibilities Committee.

Signature: _____

Decision should be rendered and the aggrieved person informed within ten (10) working days.

II. Decision of the Superintendent or the Professional Rights and Responsibilities Committee:

Date of decision: _____

Signature: _____

Aggrieved employee's response:

() I hereby accept the above decision.

Date of response: _____

() I hereby present the above decision to the
Superintendent or the Chairman of the Professional
Rights and Responsibilities Committee.

Signature: _____

The Superintendent or his/her designee shall meet with the aggrieved person within ten (10) working days in an effort to resolve the grievance.

NEBO SCHOOL DISTRICT

Grievance Form

Page 3

The School Board shall review the grievance at the next regularly scheduled School Board Meeting, if possible, but no longer than forty (40) calendar days after receipt of the request.

III. Decision of the School Board:

Action of the School Board:

Date of decision: _____

Signature: _____

Date of action: _____

The decision of the School Board is final.

IV. Arbitration Panel:

Date Panel Selected: _____

Recommended Action: