

402.05E1 Grievance Forms

Friday, August 11, 2023

BANNER COUNTY SCHOOL DISTRICT NO. 1

GRIEVANCE FORM A

FORMAL GRIEVANCE PRESENTATION '

(Level II - Step One)

(To be completed by aggrieved person no later than fifteen (15) school days after stating the grievance in informal procedure)

AGGRIEVED DATE OF PERSON _____

PRESENTATION _____

HOME ADDRESS OF AGGRIEVED PERSON

SCHOOL _____

SCHOOL PRINCIPAL OR IMMEDIATE SUPERVISOR

EMPLOYEES: Certified or Non-Certified _____

STUDENTS: _____

STATEMENT OF GRIEVANCE:

ACTION REQUESTED: _____

Reviewed _____

Revised _____

BANNER COUNTY SCHOOL DISTRICT NO. 1

GRIEVANCE FORM B DECISION OF SCHOOL PRINCIPAL OR IMMEDIATE SUPERVISOR

(Level II - STEP ONE)

(To be completed by school principal or immediate supervisor, within three (3) school days of formal grievance presentation.)

AGGRIEVED PERSON

DATE OF PRESENTATION _____

SCHOOL _____

SCHOOL PRINCIPAL OR IMMEDIATE SUPERVISOR

DECISION OF SCHOOL PRINCIPAL OR IMMEDIATE SUPERVISOR AND REASONS THEREFOR:

DATE OF DECISION _____

Signature

AGGRIEVED PERSON'S RESPONSE: (to be completed by aggrieved not later than ten (10) days after presenting the formal grievance to the school principal or immediate supervisor.)

_____ I accept the above decision of the school principal or immediate supervisor.

_____ I hereby appeal to the superintendent of schools for review of the grievance.

DATE OF RESPONSE _____

Signature _____

BANNER COUNTY SCHOOL DISTRICT NO. 1

GRIEVANCE FORM C

DECISION BY SUPERINTENDENT

(Level II - Step Two)

To be completed by the superintendent of schools within three (3) days after hearing the Aggrieved Person; hearing to be held within ten (10) days after receipt of appeal.)

AGGRIEVED PERSON

DATE APPEAL RECEIVED BY SUPERINTENDENT

DATE HEARING HELD BY SUPERINTENDENT

DECISION OF SUPERINTENDENT AND REASONS THEREOF:

DATE OF DECISION _____

Signature _____

AGGRIEVED PERSON'S RESPONSE: (To be completed by aggrieved not later than eighteen (18) days after presenting the grievance to the superintendent.)

_____ I accept the above decision of the superintendent of schools.

_____ I hereby appeal, to the board of education, for a review of this grievance.

DATE OF RESPONSE _____

Signature File: _____ BANNER COUNTY SCHOOL DISTRICT
NO. 1

GRIEVANCE FORM D

REVIEW BY BOARD OF EDUCATION

(Level II - Step Three)

(To be completed by the board of education within thirty (30) school days after
receipt of appeal.)

AGGRIEVED PERSON

DATE APPEAL RECEIVED BY BOARD OF EDUCATION

DECISION OF BOARD OF EDUCATION AND REASONS THEREFOR:

DATE OF DECISION OF BOARD OF EDUCATION _____

Signature _____ AGGRIEVED PERSON'S RESPONSE: (To be
completed by aggrieved within five (5) school days of decision.)

_____ I accept the above decision of the board of education.

_____ I hereby request submission of this grievance to fact finding. DATE OF
RESPONSE _____

Signature _____