

# 402.05E1 Grievance Forms

Friday, August 11, 2023

## BANNER COUNTY SCHOOL DISTRICT NO. 1

### GRIEVANCE FORM A

FORMAL GRIEVANCE PRESENTATION '1

(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 \_\_\_\_\_