***Birmingham City Schools***

EMPLOYEE GRIEVANCE REPORT FORM

Personnel 3021

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| **Date:** |
| **Name of Grievant:** |
| **Worksite:** |
| **Home Phone:** | **Work Phone:** | **Other Phone:** |

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| **Statement of Grievance:** |
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| **Relief Sought:** |
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Request Meeting: Yes No If yes, meeting date scheduled:

Grieving’s Signature: Received By:

Date: Date:

***LEVEL I***

Meeting Date:

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| **Level I Response:** |
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Response Accepted (issue resolved): Yes No Rejected (appeal to Level II): Yes No

Request Meeting: Yes No If yes, meeting date scheduled:

Grievant’s Signature: Supervisor’s Signature:

Date: Date:

***LEVEL II***

Meeting Date:

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| **Level II Response:** |
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Response Accepted (issue resolved): Yes No Rejected (appeal to Level III): Yes No

Request Meeting: Yes No If yes, meeting date scheduled:

Grievant’s Signature: Date:

Supervisor’s Signature: Date:

***LEVEL III***

Panel Selection Date:

Panel Hearing Date:

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| **Panel Recommendation:** |
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| **Superintendent’s Recommendation:** | **Accept** |  | **Reject** | **Date:**  |
| **Response Accepted (issue resolved):** | **Yes** | **No** |  |  |
| **Rejected (appeal to School Board):****Request Hearing: Yes No If ye** | **Yes****s, hearing** | **No****date scheduled:**  |

Superintendent Signature (or designee): Grievant’s Representative Signature:

Date: Date:

3rd Party Neutral Signature: Date:

***APPEAL TO SCHOOL BOARD***

Date Submitted:

Hearing Date:

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| **School Board Decision:** |
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School Board President

**Signature** (or designee)**:**

Date:

***\* Decision of the School Board is final.***