

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 PERSON _____ DATE OF 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 _____

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 _____