

Madison City Schools Employee Complaint/Grievance Form

This form may be used by school system employees to submit a complaint/ grievance authorized by Board Policy (Board Policy 4.6 [Complaints and Grievances]).

Employee Name: _____ Position: _____

School: _____ Work Phone: _____

Home Address: _____ Home Phone: _____

E-mail Address: _____

Preferred method of contact (provide address, e-mail, or phone number): _____

Describe the grievance, including the date(s) of the act, omission or decision that is the subject of the complaint/grievance, and all pertinent facts supporting the complaint/grievance, including the names of any people who can provide information regarding the complaint/grievance:

(Attach additional paper, if needed.)

Identify (and attach) any Board policy, procedure, or work rule that has been violated or misapplied, if any:

(Attach additional paper, if needed.)

Identify supervisors, administrators, or other decisionmakers whose actions led to the filing of the grievance, and all witnesses or other persons having information that is relevant to the grievance:

(Attach additional paper, if needed.)

Description of Efforts Made to Resolve the Problem or Complaint (If No Such Effort Has Been Made to Date, Explain Why):

(Attach additional paper, if needed.)

Do you have suggestions for resolving this situation? If so, list them here:

(Attach additional paper, if needed.)

Attach documents or other evidence that is relevant to the complaint/grievance.

I affirm that to the best of my knowledge, the foregoing information is true, accurate, and complete.

Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Date Grievance Received: _____ Superintendent: _____

Date Decision Delivered: _____ Superintendent: _____

Date Appeal of Grievance Received: _____ Superintendent: _____

Date Appeal Decision Delivered: _____ Superintendent: _____