

Madison City Schools
Employee Grievance Form based on Harassment,
Sexual Harassment, and Other Grievances or Complaints

By completing this form, I am filing a grievance or complaint against the person named below. I request that my grievance be heard and request an appropriate response or corrective action.

This Grievance or Complaint is based on:

Harassment, Violence or Threats of Violence by a student
 Sexual Harassment
 Other Complaint or Grievance, specifically: _____

Employee Name: _____ Date: _____

School: _____ Position: _____

Who is the person against whom you wish to file this grievance: _____

What did this person do: _____

State specifically what the person did and how it affected you (Attach additional paper, if needed.)

When did this happen (over what time if continuing or more than once):

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

(Attach additional paper, if needed)

Signature: _____ Printed Name: _____

Date Initial Grievance Presented to Immediate Supervisor: _____

DO NOT WRITE BELOW THIS LINE

Date Grievance Received: _____ Principal: _____

Date Reply Delivered: _____ Principal: _____

Date Appeal of Grievance Received: _____ Superintendent or Designee: _____

Date Appeal Reply Delivered: _____ Superintendent or Designee: _____