

Gooding Joint School District No. 231

PERSONNEL

5250F

Grievance and Response Form

EMPLOYEE GRIEVANCE

Concern You Would Like Addressed

(Please keep your presentation to one sheet. Thank you.)

Name: _____ Date: _____

Mailing Address: _____

Phone Numbers: _____

Subject: _____

Problem: _____

Examples that validate the problem: _____

Results: _____

Suggested Solutions: _____

Response Date: _____

Person Responding: _____

Response to Concern

Person Responding: _____ Response Date: _____

Method used to communicate response: _____

Actions taken to investigate concern: _____

People contacted in gathering information upon which to make decision: _____

Findings of investigation: _____

Decision: _____

Results of communicating the decision: _____

Signature

Policy History:

Adopted on: April 9, 2013

Revised on: