EMPLOYEE/APPLICANT HARASSMENT GRIEVANCE FORM UNDER PROVISIONS OF BOARD POLICY STEP 2

THIS PORTION TO BE COMPLETED BY GRIEVANT (Type/Ball Point Pen)

Name of Grievant: _____

Check as appropriate: ___ Employee ___ Applicant

School/Work Site: _____

Date(s) of Harassment: _____

Date of Step 1 (Informal Meeting): _____
Date Time Place

Description of Grievance: _____

_____

_____

_____

Remedy Requested: _____

_____

_____

_____

Signature of Grievant: _____ Date of Signature: _____

THIS PORTION TO BE COMPLETED BY THE GRIEVANCE ADMINISTRATOR

Date Received by Grievance Administrator: _____ Date of Step 2 Meeting: _____

Decision of Grievance Administrator: _____

_____

_____

Signature of Administrator: _____ Date Copy to Grievant: _____

DISTRIBUTION: 1 - Administrator 2 - Grievant 3 - Labor Relations and/or Equity Officer

1/06