

EMPLOYEE/APPLICANT HARASSMENT GRIEVANCE FORM UNDER PROVISIONS OF
BOARD POLICY STEP 3

TO BE USED AT STEP 3 (Superintendent Level)

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

Name of Grievant: _____

Mailing Address of Grievant: _____

Check as appropriate: ___ Employee ___ Applicant

School/Work Site: _____

I hereby submit this grievance to Step 3.

Signature of Grievant: _____ Date of Signature: _____

THIS PORTION TO BE COMPLETED BY SUPERINTENDENT/DESIGNEE

Date Received by Superintendent or Designee: _____ Initial: _____

Date of Step 3 Meeting: _____

Decision of Superintendent or Designee: _____

Signature of Supt./Designee: _____ Date of Signature: _____

DISTRIBUTION: 1 - Supt./Designee 2 - Grievant 3 - Administrator 4 - Labor Relations and/or Equity Officer