

Jordan School District
LICENSED EMPLOYEE GRIEVANCE

To be filed in accordance with procedures set forth in District Policy DP315 NEG

Employee Name: _____ Job Title: _____

Address: _____ Contact Phone Number: _____

School/Department: _____ Principal/Administrator: _____

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| Step I | Date grievance was discussed with principal or administrator: | |
| Step II | Date this form was completed and submitted to the principal or administrator: | |
| Step III | Date grievance was filed with the District grievance officer: | |
| Step IV | Date grievance was submitted to the Human Resources Administrator or designee requesting that an impartial hearing examiner hear the grievance: | |
| Step V | Date Grievance was filed with the Jordan School District Board of Education: | |

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| I. | Provision of the Jordan School District Policy or state/federal law alleged to have been violated, misinterpreted, or misapplied. (Cite the policy and/or statute number and description): |
| II. | Detailed statement of grievance (<i>How was the policy and/or statute violated, misinterpreted, or misapplied?</i>): |
| III. | Requested action to resolve the grievance: |

Chosen representative (if desired): _____

Employee Signature: _____ Date Signed: _____