

Grievance Initiation Form (Students)

This form provides the opportunity for a student to question the application of a Board policy or administrative rule or procedure and to secure at the lowest administrative level an equitable, prompt, and satisfactory solution.

STUDENT GRIEVANT

Student Name _____ Date _____

Home Address _____ Phone _____

School _____ Grade Level _____

GRIEVANCE

Identify the policy, rule, or procedure whose application is at issue. Use full names, dates, exact location, and specific occurrence, if appropriate. (Use additional sheet if necessary.)

What results are you seeking from this grievance initiation? (Use additional sheet if necessary)

Student's Signature

Date

LEVEL ONE: CLASSROOM TEACHER

Name: _____

Date grievance received at this level _____

Classroom Teacher's response. (Use additional sheet if necessary.)

Classroom Teacher's Signature

Date

THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN FIVE (5) SCHOOL DAYS OF RECEIPT OF THIS GRIEVANCE AT THIS LEVEL.

=====

Grievance Initiation Form (Students)

BOARD POLICY ALLOWS FOR APPEAL OF THE CLASSROOM TEACHER’S DECISION AND THE OPPORTUNITY TO ADDRESS THE GRIEVANCE TO A HIGHER LEVEL OF AUTHORITY IF THE CLASSROOM TEACHER IS AN ALLEGED PARTY IN THE COMPLAINT.

LEVEL TWO: PRINCIPAL OR PRINCIPAL’S DESIGNEE

Name: _____

Date grievance received at this level _____

PRINCIPAL/PRINCIPAL’S DESIGNEE’S RESPONSE (USE ADDITIONAL SHEET IF NECESSARY.)

Principal’s/Designee’s Signature

Date

This response shall be presented to the grievant within five (5) school days of receipt of this grievance at this level.

=====

BOARD POLICY ALLOWS BOTH FOR APPEAL OF THE PRINCIPAL/DESIGNEE’S DECISION AND THE OPPORTUNITY TO ADDRESS THE GRIEVANCE TO A HIGHER LEVEL OF AUTHORITY IF THE PRINCIPAL/DESIGNEE IS AN ALLEGED PARTY IN THE COMPLAINT.

LEVEL THREE: SCHOOL COUNCIL, IF APPROPRIATE

Name: _____

Date grievance received at this level _____

RESPONSE OF SCHOOL COUNCIL (USE ADDITIONAL SHEET IF NECESSARY.)

Signature of School Council Chairperson

Date

THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN FIVE (5) SCHOOL DAYS OF RECEIPT OF THIS GRIEVANCE AT THIS LEVEL.

=====

BOARD POLICY ALLOWS BOTH FOR APPEAL OF THE SCHOOL COUNCIL’S DECISION AND THE OPPORTUNITY TO ADDRESS THE GRIEVANCE TO A HIGHER LEVEL OF AUTHORITY IF THE SCHOOL COUNCIL IS AN ALLEGED PARTY IN THE COMPLAINT.

Grievance Initiation Form (Students)

LEVEL FOUR: SUPERINTENDENT/DESIGNEE

Name: _____

Date grievance received at this level _____

SUPERINTENDENT/DESIGNEE’S RESPONSE (USE ADDITIONAL SHEET IF NECESSARY.)

Superintendent’s/Designee’s Signature

Date

THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN FIVE (5) SCHOOL DAYS OF RECEIPT OF THIS GRIEVANCE AT THIS LEVEL.

=====

THE BOARD WILL NOT HEAR ANY GRIEVANCE CONCERNING PERSONNEL ACTIONS UNLESS THE GRIEVANCE CONCERNS CONSTITUTIONAL, STATUTORY, REGULATORY, OR OTHER POLICY APPLICATION OR DEMOTION UNDER KRS 161.765.

LEVEL FIVE: BOARD OF EDUCATION

Date grievance received at this level _____

BOARD OF EDUCATION’S RESPONSE (USE ADDITIONAL SHEET IF NECESSARY.)

Signature of Board Chairperson

Date

THIS RESPONSE SHALL BE PRESENTED TO THE GRIEVANT WITHIN FIVE (5) SCHOOL DAYS OF RECEIPT AFTER THE NEXT REGULARLY SCHEDULED BOARD MEETING.

Review/Revised:7/10/00