

**DEXTER CONSOLIDATED SCHOOLS
STAFF GRIEVANCES
LEVEL I – GRIEVANCE FORM A
FORMAL GRIEVANCE PRESENTATION**

To be completed by grievant within five (5) business days after the last informal conference but no later than fifteen (15) business days after the employee know or should have known of the act or omission giving rise to the grievance. Please print clearly.

Grievant name _____ Date of last informal conference _____

School _____ Immediate Supervisor _____

Assignment _____

Policy or regulation alleged to have been violated _____

Statement of grievance (use back side if more space is needed):

Action requested (use back side if more space is needed):

Retaliation against anyone who reports a complaint/grievance is prohibited. No person(s) shall suffer retaliation, recrimination, discrimination, harassment, or be otherwise adversely affected because of the use of the grievance procedure. Appropriate action will be taken against students, staff, or administration who retaliate against anyone who submits a complaint/grievance to the district.

Signature of Grievant

Date

**DEXTER CONSOLIDATED SCHOOLS
STAFF GRIEVANCES
LEVEL I – GRIEVANCE FORM B
DECISION OF IMMEDIATE SUPERVISOR**

To be completed by immediate supervisor within five (5) business days after formal filing. Please print clearly.

Grievant _____

Date of formal grievance presentation _____

School _____

Immediate supervisor _____

Decision of immediate supervisor and reasons therefor (use back if more space is needed):

Signature of immediate supervisor

Date of decision

.....
Grievant's response (to be completed by the grievant within five (5) business days after the decision):

_____ I accept the above decision of the immediate supervisor

_____ I hereby refer the above decision to the Superintendent, with reasons detailing non-acceptance at Level I and any relief sought (Level II). Complete Level II Grievance Form C—Referral to Superintendent.

Retaliation against anyone who reports a complaint/grievance is prohibited. No person(s) shall suffer retaliation, recrimination, discrimination, harassment, or be otherwise adversely affected because of the use of the grievance procedure. Appropriate action will be taken against students, staff, or administration who retaliate against anyone who submits a complaint/grievance to the district.

Signature of grievant

Date of response

**DEXTER CONSOLIDATED SCHOOLS
STAFF GRIEVANCES
LEVEL II – GRIEVANCE FORM D
DECISION OF SUPERINTENDENT**

To be completed by the Superintendent within five (5) business days. Please print clearly.

Grievant _____

Date of formal presentation _____

Date appeal received by Superintendent _____

Date hearing held by Superintendent (optional) _____

Decision of Superintendent and reasons therefor (use back side if more space is needed)

Signature of Superintendent

Date of decision

.....
Grievant's response (to be completed by grievant within five (5) business days after the decision):

_____ I accept the above decision of the Superintendent

_____ I hereby appeal to the Board for a review of this grievance (Level III). Complete Level III (Final Action) – Grievance Form E—Review by Board.

Retaliation against anyone who reports a complaint/grievance is prohibited. No person(s) shall suffer retaliation, recrimination, discrimination, harassment, or be otherwise adversely affected because of the use of the grievance procedure. Appropriate action will be taken against students, staff, or administration who retaliate against anyone who submits a complaint/grievance to the district.

Signature of Grievant

Date of response

**DEXTER CONSOLIDATED SCHOOLS
STAFF GRIEVANCES
LEVEL III (FINAL ACTION) – GRIEVANCE FORM E
REVIEW BY BOARD**

Please print clearly.

Grievant _____

Date of formal grievance receipt _____

_____ The attached grievance is hereby appealed to the Board for a review.

Detail reasons for non-acceptance of grievance decisions at Level II and any relief sought (use back if more space is needed):

Date appeal received by Board _____

BOARD RESPONSE—to be completed within fifteen (15) business days of review:

_____ The Board affirms the Superintendent's response.

_____ The Board rejects the Superintendent's response.

_____ The Board modifies the Superintendent's response as follows (use back if more space is needed):

Signature of Board President

Date of response