



CLEBURNE COUNTY SCHOOLS

# Cleburne County School System

## Grievance Report Form

Date of Incident:		
Date Grievance Report Filed:		
Name of Grievant:		
Worksite/Location:		
Home Phone:	Work Phone:	Other Phone:

Statement of Grievance:

**\*\*Attach any documentation presented/provided to this page\*\***

Relief Sought:

Request Meeting: \_\_\_ Yes \_\_\_ No If yes, meeting date and time scheduled: \_\_\_\_\_

Grievant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

# Level I Meeting:

Meeting Date:	Meeting Time:	Meeting Location:
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Level I Response:

**\*\*Attach any documentation presented/provided to this page\*\***

Response Accepted (issue resolved): \_\_\_ Yes \_\_\_ No

Rejected (appeal to Level II): \_\_\_ Yes \_\_\_ No

Request Meeting: \_\_\_ Yes \_\_\_ No If yes, meeting date and time scheduled: \_\_\_\_\_  
\_\_\_\_\_

Grievant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

# Level II Meeting:

Meeting Date:	Meeting Time:	Meeting Location:
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Level II Response:

**\*\*Attach any documentation presented/provided to this page\*\***

Response Accepted (issue resolved):  Yes  No

Rejected (appeal to Level III):  Yes  No

Request Meeting:  Yes  No If yes, meeting date and time scheduled: \_\_\_\_\_

Grievant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

## Level III Meeting:

Panel Selection Date:	Panel Hearing Time:	Panel Hearing Location:
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Panel Recommendation:

\*\*Attach any documentation presented/provided to this page\*\*

Superintendent's Recommendation:  Accepted  Rejected          Date: \_\_\_\_\_

Response Accepted (issue resolved):  Yes  No

Superintendent's Signature (or designee): \_\_\_\_\_ Date: \_\_\_\_\_

Grievant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

3<sup>rd</sup> Party Neutral Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Decision of the Panel is final for students\*\***

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(Hearing requests are for employees only.)

Rejected (appeal to School Board):  Yes  No

Request Hearing:  Yes  No    If yes, hearing date and time scheduled: \_\_\_\_\_

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# Appeal to School Board:

(Hearing requests are for employees only.)

Date Submitted:	Hearing Date:	Hearing Time:
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School Board Decision:

**\*\*Attach any documentation presented/provided to this page\*\***

School Board President Signature (or designee): \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Decision of the School Board is final\*\***