

EMPLOYEE GRIEVANCE POLICY AND PROCEDURE

EMPLOYEE GRIEVANCE FORM

Employee Name: _____ Date: _____

Please identify the category of your grievance (circle one):

Termination

Discipline

Workplace Safety

Are you an employee with a contract?

Yes

No

Describe your attempts to resolve your complaint informally (if applicable).

Identify the facts that support your grievance.

Specify the policy(ies), rule(s), regulation(s), and/or law(s) that you believe has/have been violated.

Describe the relief that you are requesting.

If you require additional space, please attach additional sheets to this form.

Specify Whether this grievance is being filed under –

_____ **the Iola-Scandinavia Education Association Contract**

_____ **School Board Policy 527 – Grievance Policy**

LEGAL REFERENCE: Wis. Stat. § 66.0509(1m)
 Wis. Stat. § 118.22
 Wis. Stat. § 118.24

CROSS REF:

APPROVED: December 12, 2011