GCSD

Gilchrist County School District

Employee Grievance

Instructions : Use this form for a standard grievance. Do not use this form if you have received a disciplinary action, been temporarily laid off, or terminated. Please print or type. Keep a copy for your records.

Employee name: _____ **Department**: _____

Position: _____ **Immediate supervisor**:_____

Did you inform your immediate supervisor: ☐ Yes ☐ No If so, when? _____

Statement of Grievance:_____

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Relief Requested: _____

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_____

Do you allege illegal discrimination? ☐ Yes ☐ No. If Yes, type of discrimination alleges (race, national origin, sex, age, religion, disability, other (if other please explain) _____

_____

_____ _____

Employee Signature Date

_____ _____

Human Resources Date

Date submitted to HR:_____ HR Director:_____

Follow up requested:[ ]Yes [ ]No If yes, date followed up:_____

Details:_____

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