

Jordan School District
EDUCATION SUPPORT PROFESSIONAL EMPLOYEE GRIEVANCE

To be filed in accordance with procedures set forth in District Policy DP315B NEG

Employee Name: _____ Job Title: _____

Address: _____ Contact Phone Number: _____

School/Department: _____ Principal/Administrator: _____

Step I	Date grievance was discussed with principal or administrator:	
Step II	Date this form was completed and submitted to the principal or administrator:	
Step III	Date grievance was filed with the District grievance officer:	
Step IV	Date grievance was filed with the Jordan School District Board of Education:	

I.	Provision of the Jordan School District Policy or state/federal law alleged to have been violated, misinterpreted, or misapplied. (Cite the policy and/or statute number and description):
II.	Detailed statement of grievance (<i>How was the policy and/or statute violated, misinterpreted, or misapplied?</i>):
III.	Requested action to resolve the grievance:

Chosen representative (if desired): _____

Employee Signature: _____ Date Signed: _____