

Jordan School District  
**CLASSIFIED 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: \_\_\_\_\_