

STAFF GRIEVANCES

LEVEL I GRIEVANCE FORM B

DECISION OF IMMEDIATE SUPERVISOR

To be completed by immediate supervisor within five (5) days after formal filing.

Grievant _____

Date of formal grievance presentation _____

School _____

Immediate supervisor _____

**Decision of immediate supervisor
and reasons therefore:**

Date of decision _____
_____ (Signature of immediate supervisor)

.....

Grievant's response [to be completed by the grievant within five (5) days after the decision]:

- I accept the above decision of the immediate supervisor.
- I hereby refer the above decision to the Superintendent, with reasons detailing nonacceptance at Level I and any relief sought (Level II).

Date of response _____
_____ (Signature of grievant)