

**STAFF GRIEVANCES**

**LEVEL II GRIEVANCE FORM C**

**REFERRAL TO SUPERINTENDENT**

To be completed by grievant within five (5) days of immediate supervisor's response.

Grievant \_\_\_\_\_

Date of formal presentation \_\_\_\_\_

**Detail reasons for non-acceptance of grievance decisions and any relief sought:**

- The attached grievance is hereby referred to the Superintendent.

Date of referral \_\_\_\_\_  
\_\_\_\_\_ (Signature of grievant)