

**STAFF GRIEVANCES**

**LEVEL II GRIEVANCE FORM D**

**DECISION OF SUPERINTENDENT**

To be completed by the Superintendent within five (5) days.

Grievant \_\_\_\_\_

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

Date appeal received by Superintendent \_\_\_\_\_

Date hearing held by Superintendent (optional) \_\_\_\_\_

**Decision of Superintendent and reasons therefore:**

\_\_\_\_\_  
Date of decision (Signature of Superintendent)

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

- I accept the above decision of the Superintendent.
- I hereby appeal to the Governing Board for a review of this grievance (Level III).

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