



Employee Grievance

- Educational Support Professional** - To be filed in accordance with Grievance Procedure, District Policy 420.8
- Licensed** - To be filed in accordance with Grievance Procedure, District Policy 410.11

Name of filing Employee _____ School or Department _____

Address _____ Assignment _____

City _____ State _____ Zip _____ Supervisor _____

Phone _____ Cell _____

Date grievance was first discussed with principal or supervisor: (Step I) _____

Date of submission of this form to immediate supervisor or principal: (Step II) _____

Date grievance submitted to compliance officer: (Step III) _____

Date grievance filed with the Board of Education: (Step IV) _____

I.	Provision of the Canyons School District policy or state/federal law allegedly being violated, misinterpreted, or misapplied (cite policy and statute number).

II.	Statement of grievance: (please furnish sufficient background information concerning the alleged violation, including date(s), time(s), person(s), and the actions that led to the grievance.)

III.	Action requested to resolve grievance:

Chosen representative: (if desired) _____

Signature of employee filing this grievance: _____