

**GRIEVANCE FORM**  
(A7/1/86; R3/8/01;A6/12/01;R2/24/09;R10/1/09;10/9/09)

DIRECTIONS: Aggrieved party must submit this form with all items completed.

**I. Individual Submitting Grievance (Aggrieved):**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position/Assignment: \_\_\_\_\_ School/work Site: \_\_\_\_\_

Date and Time of Occurrence: \_\_\_\_\_ Place of Occurrence: \_\_\_\_\_

Alleged Event and Existing Conditions(attach additional paper if needed): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Individual(s) Against Whom The Grievance Is Directed:**

Name: \_\_\_\_\_

Position/Assignment: \_\_\_\_\_ School/Work Site: \_\_\_\_\_

Redress Sought By the Aggrieved:(attach additional paper as needed.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date Received: \_\_\_\_\_

(Copy to Aggrieved Party)

**Record of Hearings/Meetings**

**Stage 1---AFT**

**Stage 2---AFT**

<b>STEP ONE</b> (Dates)		<b>STEP TWO</b> (Dates)	
Hearing Date: _____	Appeal Date: _____	Hearing Date: _____	Appeal Date: _____
Decision Date: _____	Hearing Date: _____	Decision Date: _____	Hearing Date: _____
Received by: _____	Decision Date: _____	Received by: _____	Decision Date: _____
Date: _____	Received by: _____	Date: _____	Received by: _____

<b>STEP THREE</b> (Dates)		<b>STEP FOUR</b> (Dates)	
Appeal Date: _____	Appeal Date: _____	Board /Arbitration Review	Written Disposition:
Hearing Date: _____	Board /Arbitration Review	Date: _____	Date: _____
Decision Date: _____	Written Disposition:	Written Disposition:	Date: _____
Received by: _____	Date: _____	Date: _____	Date: _____

**II. STEP ONE - - Record of Hearing/Meeting**

Meeting Date: \_\_\_\_\_ Decision Date: \_\_\_\_\_

Participants: \_\_\_\_\_

Response By: \_\_\_\_\_ Date \_\_\_\_\_  
Signature

Response: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Resolved Satisfactorily \_\_\_\_\_ Date \_\_\_\_\_ Signature of Aggrieved \_\_\_\_\_

Not Resolved Satisfactorily \_\_\_\_\_ Date \_\_\_\_\_ Signature of Aggrieved \_\_\_\_\_

If resolution is unsatisfactory you have 5 work days to submit an appeal to \_\_\_\_\_.  
Associate Supt. HR or (Designated Administrator)

Note: Supervisor must deliver file to Designated District Administrator.

**III. STEP TWO - - Record of Hearing/Meeting**

Meeting Date: \_\_\_\_\_ Decision Date: \_\_\_\_\_

Participants: \_\_\_\_\_

Response By: \_\_\_\_\_ Date \_\_\_\_\_  
Signature

Response: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Resolved Satisfactorily \_\_\_\_\_ Date \_\_\_\_\_ Signature of Aggrieved \_\_\_\_\_

Not Resolved Satisfactorily \_\_\_\_\_ Date \_\_\_\_\_ Signature of Aggrieved \_\_\_\_\_

If resolution is unsatisfactory you have 5 work days to submit an appeal to \_\_\_\_\_.  
(Superintendent/Designee)

Note: District Administrator must deliver file to Associate Supt. for Human Resources.

**IV. STEP THREE - - Record of Hearing/Meeting**

Meeting Date: \_\_\_\_\_ Decision Date: \_\_\_\_\_

Participants: \_\_\_\_\_

Response By: \_\_\_\_\_ Date \_\_\_\_\_  
Signature

Response: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Resolved Satisfactorily \_\_\_\_\_  
Date Signature of Aggrieved

Not Resolved Satisfactorily \_\_\_\_\_  
Date Signature of Aggrieved

If resolution is unsatisfactory, Non-Bargaining Members have 5 work days to submit an appeal to the GISD School Board through the Superintendent or Designee.

**AFT—Stage 2- 5.1**

If resolution is unsatisfactory Federation may submit the grievance to arbitration by simultaneously notifying the Superintendent and the Federal Mediation and (FMCS) in writing of the Federation's intent to arbitrate the matter. The written intent shall be filed no later than ten (10) days following receipt of the Superintendent's written grievance response.

Note: Associate Supt. for Human Resources must deliver file to Superintendent on behalf of the School Board.

**IV. STEP FOUR—Record of Hearing/Meeting**

Meeting Date: \_\_\_\_\_ Final Decision Date \_\_\_\_\_

Participants: \_\_\_\_\_

Response By: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

School Board Response/AFT Local 4212 Response: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Board President

\_\_\_\_\_  
Board Secretary

\_\_\_\_\_  
AFT Local 4212 President

\_\_\_\_\_  
AFT Local 4212 Secretary