

BARNWELL COUNTY CAREER CENTER GRIEVANCE FORM

This form is to be completed in the filing of a grievance under policy GBK, Staff Concerns/Complaints/Grievances.

Full Name: _____

Job Assignment: _____

Location (school or department): _____

Director's name and position: _____

If you feel the director is not the person who should address your grievance, give the name and position of the person you feel should address your grievance:

State the action you feel was in error, and what state or factual law or board policies, regulations and/or rules were violated, misinterpreted or misapplied. Use the back of this form, if necessary.

Date the action occurred: _____

State why you feel the action was in error: _____

State what you are asking to be done in this matter – identify the remedy you seek: _____

Signature: _____ Date: _____

Present this form to your director, even if you feel he/she was not responsible for the error. He/she will be responsible for passing it to the appropriate person, as necessary.

Adopted: 3/18/13