

**STATEMENT OF GRIEVANCE**

In accordance with Rock Hill School District 3 Board Policy GBK, GBK-R

Grievant's Name (last, first, middle initial)		Home telephone no.	
Hire date	Current Position		
Date action complained of occurred or became known	Date discussed with direct Supervisor/Administrator		
Direct Supervisor/Administrator's name	Date Supervisor/Administrator answered		

**Nature of Grievance** (please mark one):

- a lack of policy
  an unfair policy  
 deviation from a policy
  misapplication of interpretation of a policy or contract

Do you believe the grievance requires a decision beyond your supervisor's/administrator's level or area of authority?   **Yes**                   **No**

**Please describe above referenced grievance:**

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**Signature of grievant**

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**Date**

**BELOW SECTION FOR ADMINISTRATIVE OFFICE REPLY**

**Reply to Grievance:**

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**Name of Next Level Supervisor/Administrator** to which this response can be appealed, if you so desire:

\_\_\_\_\_ *According to policy, appeal must be requested in writing to above person within five (5) days of receipt of this reply.*