



GRIEVANCE FORM 1 FOR CERTIFIED EMPLOYEES

The purpose of the grievance policy is to provide an equitable method for a certified employee of Mountain Home School District No. 193 to grieve what they believe is a violation of District Policy or Procedures, or state regulations or law, or federal regulations or law. Please read the entire Grievance for Certified Employees Policy prior to completing this form.

All information requested on the following form must be provided and should be as specific as possible.

1. **NAME** _____ **DATE** _____
(Person filing the grievance)

2. **NAME(S) OF PERSON(S) AGAINST WHOM GRIEVANCE IS BEING FILED:**

3. **SPECIFIC SECTION OF POLICY, PROCEDURE, REGULATION OR LAW, WHICH HAS ALLEGEDLY BEEN VIOLATED:** _____

(Please attach a copy.)

4. **DATE OF ALLEGED VIOLATION:** _____

5. **DESCRIPTION OF THE VIOLATION. PLEASE STATE THE FACTS LEADING TO THE VIOLATION OR MISINTERPRETATION:** (Use additional pages as needed.) _____

6. **STATE IN DETAIL THE RELIEF REQUESTED:** (Use additional pages as needed.) _____

7. Number of pages attached to this section _____ .

8. _____
Signature of Grievant Date

Signature of Superintendent or Designee Date Received

Date of Review/Hearing Panel: _____