

Fremont RE-2 School District Classified Grievance Form

Name of Grievant: _____

Date Grievance Occurred: _____

Specific Violation (Board Policy/Personnel Practice and Procedure): _____

Facts Giving Rise to the Violation: _____

(If additional space is needed, you may attach a separate sheet.)

Relief Requested: _____

Date Signature of Grievant

Date this Grievance Form was received Signature of Supervisor

Date of Meeting with Supervisor: _____

Decision of Supervisor: _____

Date Signature of Supervisor