

**SERIES 500  
PERSONNEL**

Administrative Exhibit 527.1

# Marshall Public Schools Employee Grievance Form

Please print clearly, complete all lines, and attach additional sheets when necessary.

Name:	Date:
Building:	
Job Title:	
Administrator/Supervisor:	
This grievance concerns (check all that apply) <input type="checkbox"/> Employee Discipline <input type="checkbox"/> Employee Termination <input type="checkbox"/> Workplace Safety	
Date grievable event occurred:	
Was there an alleged violation of any law, regulation district policy/rule or contract? <input type="checkbox"/> No <input type="checkbox"/> Yes, Please identify the alleged violation:	
List the supervisor(s) or administrator(s) that are allegedly responsible in connection with this grievance:	
List known witnesses to key events, including whether they are an employee, student parent, etc. (e.g. John Smith, employee)	
Describe the nature of the complaint/allegations and the issue(s) to be resolved:	
Identify the relief or remedy that you would like the district to provide in order to resolve your grievance.	
Have you attempted to address this matter informally with a supervisor, administrator or other responsible parties? <input type="checkbox"/> No <input type="checkbox"/> Yes, Please identify the outcome/response to date:	

Signature

Date

Cross Reference: Marshall Education Association Agreement  
Board Policy 527 Staff Complaints and Grievances  
Administrative Rule 527.1 Employee Grievance Procedures  
Administrative Rule 527.2 Impartial Hearing Officer Selection

Date of Adoption: September 21, 2011

Date of Revision: