

Natchez-Adams School District Employee Grievance Form

Grievant Information

Employee Name: _____ Date: _____

Job Title: _____ Location: _____

Home Mailing Address: _____

Work Mailing Address: _____

Date, time and place of event leading to grievance:

Detailed account of occurrence (include names of persons involved, if any):

Proposed solution to grievance:

The grievant should retain a copy of this form for his/her records. The signature below indicates that you are filing a grievance, and any information on this form is truthful.

Employee Signature

Date

Received by

Date