

Lafayette Parish School Board - Grievance Form

Name of Aggrieved Employee: _____

Position: _____ Site/Location: _____

Grievance level: (1)_____ (2)_____ (3)_____ (4)_____

Specific Nature of Grievance: PLEASE ATTACH DOCUMENTATION SUPPORTING YOUR CLAIM _____

Nature of extent of injury, loss, or violation of rights: PLEASE ATTACH DOCUMENTATION SUPPORTING YOUR CLAIM _____

Results of previous discussion(s): _____

The dissatisfaction with decisions previously rendered: _____

Signature of Aggrieved Employee: _____ Date: _____

Will someone appear with aggrieved person at hearing? ____yes ____no

If yes, the name of person _____

My signature denotes neither agreement nor disagreement. It does indicate that I have received a copy of this form.

Signature of Respondent: _____ Date: _____

Position of Respondent: _____