

STAFF GRIEVANCES

LEVEL II

GRIEVANCE FORM C

REFERRAL TO SUPERINTENDENT

To be completed by grievant within five (5) days of immediate supervisor's response.

Grievant _____

Date of formal presentation _____

Detail reasons for nonacceptance of grievance decisions and any relief sought:

The attached grievance is hereby referred to the Superintendent.

Date of referral _____

Signature of grievant