

Evansville Community School District  
Grievance Form

Name:	Date:
Building:	
Job Title:	
Administrator/Supervisor:	
This grievance concerns <small>(check all that apply)</small> <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. <small>(e.g. John Smith, employee)</small>	
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

Name and Title of person who received this form on behalf of the District:	
Name:	Date Received:
Title:	
Method of Receipt: <input type="checkbox"/> Hand Delivery <input type="checkbox"/> US Mail <input type="checkbox"/> Email <input type="checkbox"/> Interoffice Mail <input type="checkbox"/> Other:	
Date the initial administrative response should be provided to the grievant, based upon the date of receipt by the District:	
Date the initial administrative response should be provided to the grievant, based upon the date stamp on front of form:	
At the time of initial receipt by the District, had the grievant completed all lines on the reverse side of this form? <input type="checkbox"/> Yes <input type="checkbox"/> No, identify the items which were incomplete and any steps taken in response.	
Supervisor(s) or administrator(s) who have been notified of District's receipt of this grievance as of the date of receipt.	
Identify supervisor or administrator who is assigned primary responsibility for providing an initial administrative response to grievance:	
Other information documented related to the processing of grievance:	

SUMMARY OF GRIEVANCE PROCESSING

Date

Day 1	Incident.	
Day 30	Last calendar day to file timely grievance (Step 1).	
Day 50	Step 2 (20 days later) response due. If no response then grievant should assume grievance is denied and should proceed to the next step. If needed, District Administrator may extend time limit up to 20 more days for investigative and response purposes.	
Day 60	(Or 10 working days after grievance response is received.) Last day to ask for reconsideration.	
Day 80	Last working day for District Administrator to provide a response to the request for reconsideration.	
Day 90	Last working day to request a hearing before an impartial hearing officer.	
Day 30 if	District Administrator is employee's immediate supervisor.	
Day 150	(60 calendar days after hearing is requested.) Last reasonable date by which the hearing and decision should be complete.	
Day 160	Or 10 working days after decision from Impartial Hearing Officer. Either party may appeal.	
Day 190	Or 30 calendar days after appeal is filed, Board meeting to decide appeal.	