

**PARKWAY SCHOOL DISTRICT  
GRIEVANCE / WORK COMPLAINT NOTIFICATION FORM**

*This form provides the opportunity for an employee to define an alleged violation, misinterpretation or inequitable application of the terms of the CWA agreement or a Board of Education Policy or Policy Guideline and to secure at the lowest possible administrative level, an equitable, prompt and satisfactory solution. Any complaint relating to discrimination or harassment will be resolved in accordance with Board policies GBA and GBA. Note: Process steps attached.*

**EMPLOYEE INFORMATION**

**Employee Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**Work Location:** \_\_\_\_\_ **Position:** \_\_\_\_\_  
**Direct Supervisor:** \_\_\_\_\_ **Supervisor's Title:** \_\_\_\_\_

**GRIEVANCE / WORK RELATED COMPLAINT**

(Check box that applies)

Identify the alleged action taken by management or an event or condition which affects the terms and conditions of employment and which allegedly constitutes a violation, misinterpretation, or inequitable application of the terms of the CWA agreement or a Board of Education Policy or Policy Guideline. Use full names, dates, exact location, specific occurrence and state specific sections violated in the CWA agreement, Board of Education Policy or Policy Guideline. (Attach additional sheet if necessary) *If an issue is not a violation of the CWA agreement, Board of Education Policy or Policy Guideline, the employee may address the issue through the "Work Related Complaint" procedure.*

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What results are you seeking from this initiation? (Attach additional sheet if necessary)

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\_\_\_\_\_  
**Signature of Employee or CWA Steward**

\_\_\_\_\_  
**Date**

**MANAGER REVIEW**

- Meeting occurred without resolution with the immediate supervisor. \_\_\_\_\_  
**Date**
- Insufficient information to initiate grievance (See attached letter)
- Does not meet criteria (as defined in employment Agreement/Board policy) for grievance (See attached letter)
- Grievance accepted for process       Work Related Complaint accepted for process

\_\_\_\_\_  
**Signature of Manager**

\_\_\_\_\_  
**Date**

## TRACKING

*This form provides a summary and tracking of an employee grievance / complaint. This form should be attached to the response letter to the employee after the conference has been held. After each step a copy of all findings, letters and attachments should be forwarded to your immediate supervisor, Human Resources, the CWA and the employee.*

### LEVEL I: DEPARTMENT MANAGER

Date Received: \_\_\_\_\_ Date Conference Held: \_\_\_\_\_

Names of Manager: \_\_\_\_\_ Title of Manger: \_\_\_\_\_

Resolution satisfactory to both parties achieved (See attached letter) \_\_\_\_\_

**Signature of Employee**

No resolution obtained (See attached letter)

\_\_\_\_\_  
**Signature of Manager**

\_\_\_\_\_  
**Date Letter Sent**

### LEVEL II: DEPARTMENT DIRECTOR

Date Received: \_\_\_\_\_ Date Conference Held: \_\_\_\_\_

Names of Manager: \_\_\_\_\_ Title of Manger: \_\_\_\_\_

Resolution satisfactory to both parties achieved (See attached letter) \_\_\_\_\_

**Signature of Employee**

No resolution obtained (See attached letter)

\_\_\_\_\_  
**Signature of Manager**

\_\_\_\_\_  
**Date Letter Sent**

**Note: Employee complaint ends at this level**

### LEVEL III: DIVISION ADMINISTRATOR

Date Grievance Received: \_\_\_\_\_ Date Conference Held: \_\_\_\_\_

Names of Manager: \_\_\_\_\_ Title of Manger: \_\_\_\_\_

Resolution satisfactory to both parties achieved (See attached letter) \_\_\_\_\_

**Signature of Employee**

No resolution obtained (See attached letter)

\_\_\_\_\_  
**Signature of Manager**

\_\_\_\_\_  
**Date Letter Sent**

### LEVEL IV: BOARD OF EDUCATION

Date Grievance Received: \_\_\_\_\_ Date Appeal Accepted or Rejected \_\_\_\_\_

Date Hearing Was Held: \_\_\_\_\_ Date Letter of Conclusion Sent \_\_\_\_\_