



EMPLOYEE GRIEVANCE FORM

No grievance shall be heard unless it has been filed in writing on this form within thirty (30) calendar days after the final administrative decision or condition giving rise to the grievance and states with particularity the basis for the grievance and the remedy sought. See <http://webarchive.wcpss.net/policy-files/series/policies/1750-bp.html>.

The individual filing this grievance must be a current/recent employee.

Name of Employee: (If for a group action, name of employee serving as the representative for the group)

Position:

Location:	Telephone: (W)
	(C)
	(H)

Email:

Home Mailing Address:

Name of Immediate Supervisor:

Name of Person(s) Against Whom Grievance is Filed:

Date of final administrative decision or condition giving rise to this grievance: _____

Nature of Grievance:

Violation, misapplication, or misinterpretation of federal law, State law, State Board of Education policy, State rule, local board policy or administrative regulation and procedure (R & P). If this item is checked, specify the laws, policies, rules, and/or administrative regulations and procedures involved:

Adverse effect on the terms or conditions of employment or employment status of the school employee. Please specify the adverse effect:

State with particularity the factual basis for this grievance. You may attach separate pages if needed.

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State the specific remedy sought:

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By my signature, I certify that the facts listed above are true to the best of my knowledge and that I have provided a copy of this form to the individuals against whom the grievance is filed.

Employee Name and Signature

Date

Please direct the completed form to the Assistant Superintendent for Human Resources via:

Jeff Koweek, Director of Employee Entitlements
Wake County Public School System
Crossroads I, 5625 Dillard Drive
Cary, NC 27518
Phone: 919-854-1755
Fax: 919-854-1689
jkoweek@wcpss.net

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