

GRIEVANCE FORM - LEVEL II

**APPEAL TO SUPERINTENDENT/DESIGNEE**

ALL PORTIONS OF THIS SECTION MUST BE COMPLETED BY THE GRIEVANT  
COPY OF COMPLETED GRIEVANCE FORM – LEVEL I MUST BE ATTACHED

Employee Name \_\_\_\_\_ Work Location \_\_\_\_\_

Reason for Appeal:

Date \_\_\_\_\_ Signature \_\_\_\_\_

UPON COMPLETION OF THIS SECTION, GRIEVANT SHALL PRESENT ORIGINAL TO THE SUPERINTENDENT/DESIGNEE.

Superintendent's/Designee Response:

Date \_\_\_\_\_ Signature \_\_\_\_\_

UPON COMPLETION OF THIS SECTION, SUPERINTENDENT/DESIGNEE SHALL RETAIN ORIGINAL, AND PROVIDE COPIES TO THE IMMEDIATE SUPERVISOR, EXCLUSIVE REPRESENTATIVE, AND THE GRIEVANT.

DISTRIBUTION:      ORIGINAL      ☐ Superintendent/Designee  
                         COPY      ☐ Return to Grievant  
                         COPY      ☐ Immediate Supervisor  
                         COPY      ☐ Exclusive Representative  
                         COPY      ☐ Grievant