

E 4144
4244
4344

EMPLOYEE CONCERNS REPORT FORM

Employee Name _____

Concern _____

Date _____ Time _____ Place _____

Specific Recourse Sought _____

Date of Informal Meeting _____ Date of Meeting _____

Supervisor's Decision:

Accepted _____ Denied _____

(Attachments as Necessary)

Date of Appeal to the office of the Superintendent _____

Date of Superintendent meeting _____

Office of the Superintendent Decision:

Accepted _____ Denied _____

(Attachments as Necessary)

Date of School Board Hearing _____

Board's Decision:

Accepted _____ Denied _____

(Attachments as Necessary)