

**RIVER VALLEY SCHOOL DISTRICT
GRIEVANCE FORM**

Date *(must be within 10 days of notice)*:

Name of Grievant:

Work Assignment:

Work Location:

Grievance Type (circle):

Termination

Discipline

Workplace Safety

Date Incident Occurred:

Grievant Representative (if any):

Statement of Grievance:

Remedy Requested:

Date of Meeting *(within 10 days of written grievance)*:

Administrator/Hearing officer/Board Response to Grievance to be attached.