



School District of Neillsville

Employee Grievance Form

Employee Name: _____ Date: _____

Please identify the category of your grievance (circle one):

Termination

Discipline

Workplace Safety

Are you an employee with a contract?

Yes

No

Describe your attempts to resolve your complaint informally (if applicable).

Identify the facts that support your grievance.

Specify the policy(ies), rule(s), regulation(s), and/or law(s) that you believe has/have been violated.

Describe the relief that you are requesting.

If you require additional space, please attach additional sheets to this form.