

**CERTIFIED GRIEVANCE FORM**

The purpose of the grievance policy is to provide an equitable method for a certified employee of Mountain Home School District No. 193 to grieve what they believe is a violation of the District policy, state regulation or law, or federal regulation or law. Please read the entire Grievance Policy prior to completing this form.

All information requested on the following form must be provided and should be as specific as possible.

1. **NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(Person filing the grievance)

2. **NAME(S) OF PERSON(S) AGAINST WHOM GRIEVANCE IS BEING FILED:**

\_\_\_\_\_

3. **SPECIFIC SECTION OF AGREEMENT, POLICY, REGULATION OR LAW WHICH HAS ALLEGEDLY BEEN VIOLATED:** \_\_\_\_\_

\_\_\_\_\_

(Please attach a copy.)

4. **DATE OF ALLEGED VIOLATION:** \_\_\_\_\_

5. **DESCRIPTION OF THE VIOLATION:** \_\_\_\_\_

\_\_\_\_\_

(Use additional pages as needed. Number of pages attached to this section \_\_\_\_\_ .)

6. **PLEASE STATE THE FACTS LEADING TO THE VIOLATION OR MISINTERPRETATION:** \_\_\_\_\_

\_\_\_\_\_

(Use additional pages as needed. Number of pages attached to this section \_\_\_\_\_ .)

7. **STATE IN DETAIL THE RELIEF REQUESTED:** \_\_\_\_\_

\_\_\_\_\_

(Use additional pages as needed. Number of pages attached to this section \_\_\_\_\_ .)

8. **NUMBER OF ATTACHED PAGES:** Section 5 \_\_\_\_\_ Section 6 \_\_\_\_\_

9. **Signature of Grievant:** \_\_\_\_\_