\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Complaint Number\*

**JEFFERSON COUNTY BOARD OF EDCUATION**

**P.O. Box 34020**

**Louisville, Kentucky 40232**

**EMPLOYEE GRIEVANCE**

**DECISION OF SUPERINTENDENT/DESIGNEE**

|  |  |
| --- | --- |
| **Name of Employee** Click here to enter name. | **Work Location** Click here to enter location. |

|  |  |
| --- | --- |
| **Date of Level I****Complaint** Click here to enter a date. | **Date of Receipt of Level II and****Appeal** Click here to enter a date. |

**Decision with specific rationale:**

|  |
| --- |
| Click here to enter text. |

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_**

Signature of Superintendent/Designee

Distribution:

 Immediate Supervisor

 Appropriate Administrator

 Employee Relations

 Employee

\*Assigned by Employee Relations

Complaint Form D

Revised 01/15