

**FORM WS/FCS EMPLOYEE GRIEVANCE FORM****PARTIES TO GRIEVANCE**

FROM: Name of Employee

TO: Name of Immediate Superior

School: \_\_\_\_\_

Title: \_\_\_\_\_

**STATEMENT OF FACTS** Describe the event that occurred which caused you to file this grievance (if you need additional space, please attach separate sheet).

**DEFINITION OF GRIEVANCE** Complete one or more sections, as appropriate.

What law, policy or regulation has been violated, misinterpreted or misapplied?

What condition in the work place jeopardizes and adversely affects your mental, emotional or physical health or safety?

What type of discrimination have been subjected to? Check as appropriate.

☐ Race ☐ Sex ☐ Ethnic Origin ☐ Religious ☐ Age ☐ Disability

**REMEDY** What do you believe should be done to resolve your grievance?

**MEDIATION** Do you request mediation of your grievance? ☐ Yes ☐ No

Date Filed: \_\_\_\_\_ Signature of Employee: \_\_\_\_\_

Winston-Salem/Forsyth County Schools