EDMONDS SCHOOL DISTRICT NO. 15
Lynnwood, WA 98036-7400

Distribution of Form:

Association Representative
Immediate Supervisor
Association
Grievant

COMPLAINT BY THE AGGRIEVED

Type or Print:

Aggrieved Person _____ Date of Formal Presentation _____

School _____ Immediate Supervisor _____

Association Representative _____

STATEMENT OF GRIEVANCE: _____
_____
_____

RELIEF SOUGHT: _____
_____
_____

_____
(Signature of Aggrieved)

DECISION OF SCHOOL PRINCIPAL OR IMMEDIATE SUPERVISOR

School _____ School Principal/ Immediate Supervisor _____

Decision of school principal or immediate supervisor and reasons therefore:

☐ As Written

☐ See Attached

Date of Decision _____ _____
Signature of School Principal or Immediate Supervisor

Aggrieved Person's Response:

☐ I accept the above decision.

☐ I hereby refer the above decision to the Superintendent for review.

Date of Response _____ _____
Signature of Aggrieved

DECISION BY SUPERINTENDENT

Date of Appeal Received by Superintendent _____

Date of Hearing Held by Superintendent _____

Decision of Superintendent and reasons therefore:

☐ As Written

☐ See Attached

Date of Decision _____ _____
Signature of Superintendent

Aggrieved Person's Response:

☐ I accept the above decision by the Superintendent.

☐ I hereby submit this grievance to arbitration.

Date of Response _____ _____
Signature of Aggrieved