



Pojoaque Valley Schools
 1574 State Road 502
 Santa Fe, New Mexico 87506
 505-455-2282 505-455-7152 Fax

PERSONNEL GRIEVANCE FORM

1.	Name of Grievant:		
	Home Address	Zip	Home Telephone
	School/Office:	Position:	
2.	Nature of Your Grievance: Please describe the facts to support a violation of Policy 236, and identify any person(s) you believe may be responsible. (Attach additional sheets if necessary.)		
3.	Have you discussed your grievance with any Pojoaque Valley School District supervisor?		
	Yes:	No:	
	If yes, to whom have you spoken?		Date:
4.	What was the result of the discussion(s):		
5.	What would you like to see as a resolution to this grievance?		

PLEASE ATTACH ANY STATEMENTS, NAMES OF WITNESSES, REPORTS, OR OTHER DOCUMENTS WHICH YOU FEEL ARE RELEVANT TO YOUR GRIEVANCE.

I certify that the foregoing is true and correct.

Print Name	Signature	Date
------------	-----------	------

DISTRICT USE ONLY: Date Received: _____ Initial _____

Pojoaque Valley Schools Board of Education

David Ortiz President	Fernando Quintana Vice-President	Chris Williams Secretary	Sharon Dogruel Member	Jon Paul Romero Member
--------------------------	-------------------------------------	-----------------------------	--------------------------	---------------------------