Office of Mary C. Barlow

Kern County Superintendent of Schools

*Advocates for Children…*

Clear Administrative Services Credential (CASC) Program

Confidential Grievance Form

Candidate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coach Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Notification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrative candidates may confidentially notify the CASC Program Coordinator of unsatisfactory performance of or dissatisfaction with their assigned coach or any aspect of the CASC Program.

Candidates should complete and submit this form to the KCSOS CASC Program Coordinator who will contact the candidate within 48 hours of its receipt to discuss the issue and collaboratively determine a resolution, which could include any of the following:

a. No further action is required as the matter was resolved through a discussion with the

 Program coordinator.

b. A meeting is arranged by the Program Coordinator with the coach and employer representative (and candidate, if desired) to address the concerns of the candidate, and determine if, and how, the issues can be resolved. This meeting is held within 7 days of the Program Coordinator’s receipt of the Confidential Grievance Form. If it is determined that the issue(s) is/are with the coach and can be resolved, a Coach Support Plan will be created and implemented by the Program Coordinator.

c. If, at the time of the above meeting, it is determined that the issue(s) cannot be resolved with additional Program support/training of the coach, the Program Coordinator meets with the candidate and employer representative to discuss coach re-assignment options. Coaching support resumes as soon as possible, depending upon the availability of coaches.

Please provide an evidence-based description, using dates and pertinent details, to explain the issue(s) you are experiencing with your coach.

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Date received: \_\_\_\_\_\_\_\_\_\_\_\_ Signature of Program Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Resolution of Confidential Grievance

The above grievance was resolved in the following manner:

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Signatures: Date:

Program Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_