GRIEVANCE FORM

Grievance #: _____ School: _____

Employee: _____ Building: _____

Position/Job: _____ Date Filed: _____

Immediate Supervisor: _____

Distributor:

☐ Superintendent ☐ Association ☐ Supervisor ☐ Grievant

A. Date Incident Occurred: _____

B. Specific Article(s) violated: _____

C. Statement of grievance: _____

_____

_____

_____

D. Remedy requested: _____

_____

_____

_____

E. Response from Management: _____

_____

_____

_____

F. Response from Grievant/Association: _____

_____

_____

_____

_____ _____

Signature: Grievant Date Signature: Association Rep Date