

GRIEVANCE REPORT FORM

Submit in duplicate

Distribution:

1. Grievant
2. Association
3. Immediate Supervisor
4. Superintendent

Name of Grievant

Date Filed

Assignment

Building

STEP 1

A. Date alleged grievance occurred _____

B. 1. Specific factual basis of grievance _____

2. Specific provision(s) of agreement alleged violated _____

3. Remedy sought _____

Signature of Grievant

Date

C. Date received by immediate supervisor _____

D. Disposition of immediate supervisor _____

Signature of Immediate Supervisor

Date

E. Position of Grievant _____

____ Step 1 answer satisfactory

____ Step 2 review desired

Signature of Grievant

Date

STEP 2

A. Date received by Superintendent or designee _____

B. Disposition of Superintendent or designee _____

Signature of Superintendent

Date

C. Position of Grievant and Association _____

____ Step 2 answer satisfactory

____ Arbitration requested**

Signature of Grievant

Date

Add additional page if necessary.

**Requires signature of Association President or designee.