
APPENDIX H - GRIEVANCE FORM (GF)

NAME OF PERSON(S) FILING GRIEVANCE _____

SCHOOL/DEPARTMENT: _____ JOB CLASSIFICATION: _____

NAME OF ADVOCATE, IF APPLICABLE _____

NAME OF PERSON GRIEVANCE FILED WITH _____

A. DATE CAUSE OF GRIEVANCE OCCURRED: _____

B. SPECIFIC CONTRACT PROVISION GRIEVED:

ARTICLE

SECTION

_____	_____
_____	_____
_____	_____

C. STATEMENT OF GRIEVANCE (including time, place and event leading to the grievance)

D. RELIEF SOUGHT

Signature of Grievant

Date of Filing

E. DISPOSITION OF GRIEVANCE--LEVEL I

Signature of Person Making Response

Date of Response

RESPONSE OF GRIEVANT:

I accept the above decision.

I appeal the above decision.

Signature of Grievant

Date of Response

APPENDIX H - GRIEVANCE FORM (GF)
(Continued)

F. DISPOSITION OF GRIEVANCE--LEVEL II

Signature of Person Making Response

Date of Response

RESPONSE OF GRIEVANT:

I accept the above decision.

I appeal the above decision to arbitration.

Signature of Grievant

Date of Response

DISTRIBUTION: Original to Supervisor

Copies to Grievant/Association/Office of the SUPERINTENDENT