

Grievance Information

(Please return to your building representative)

Directions: Please fill out **COMPLETELY**. This form will be used for internal purposes only.

Name:

Home Address:

Preferred Phone Number:

School:

E-Mail (**Not School**):

Name of Supervisor/Principal:

Current Assignment

How Long

How long have you been employed by the District:

Professional Teacher Status: YES NO

Previous Grievance(s) If any:

List specific Article(s)/Section(s) in the contract you feel have been violated:

Nature of Dispute (be specific-names, dates, times, places; attach additional pages if needed)

Remedy Sought:

Signature

Grievant _____ Date _____ (10/2022)
Updated