



GRIEVANCE FORM

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|---|-----------------------------|
| Name: | |
| Statement and Date of Grievance: | |
| Specific Policy or Article Alleged to Have Been Violated: | |
| Date Submitted | Signature of Grievant |
| Level I Response | |
| Date | Signature of Supervisor |
| Level II Reason For Appeal | |
| Date | Signature of Grievant |
| Level II Response | |
| Date | Signature of Superintendent |

2 copies to Immediate Supervisor
 1 copy to Association
 1 copy to Grievant