

GRIEVANCE/STATEMENT OF CONCERN FORM

Grievance Level (Check one) I. _____ II. _____ III. _____

Name of Grievant: _____

Assignment/Position: _____

Date of Occurrence Giving Rise to the Grievance: _____

Statement of Grievance/Concern: _____

Citation of contractual clause(s), board policy (ies), state statute(s), or administrative directive(s) alleged to have been violated.

Supporting Documentation Attached: Yes _____ No _____

Relief Sought _____

Signature of Grievant

Date

GRIEVANCE/STATEMENT OF CONCERN FORM (Cont.)

Decisions and Supporting Reason(s)

Signature and Title

Date

If additional space is needed to complete any segment(s) of this form, attach and properly identify additional pages.