

GRIEVANCE FORM - LEVEL II

Submission of Complaint—All portions of this section must be completed by the grievant.

Employee
Name: _____

School / Work
Site: _____

Statement of Grievance:

Specific provision of the Collective Bargaining Agreement alleged to have been violated:

Date of Alleged Violation: _____

Collective Bargaining Agreement Provision:

Remedy Sought:

Date

Signature

Upon completion of this section, the grievant shall present the original to the immediate supervisor. A copy should be retained by the grievant.

Immediate Supervisor's Response:

Date

Signature

Upon completion of this section, the immediate supervisor shall retain the original, present a copy to the grievant and forward a copy to the Personnel Administrator and Association President.