

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 and date of said violation.

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.