

DISTRIBUTION OF FORM:

- Immediate Supervisor
- Association
- Grievant

COMPLAINT BY THE AGGRIEVED

Type or Print:

Aggrieved Person: _____ Date of Presentation: _____

Home Address of Aggrieved Person: _____

Telephone: _____

School: _____ Immediate Supervisor: _____

Years in School System: _____ Subject Area or Grade: _____

Association Representative: _____

STATEMENT OF GRIEVANCE:

SPECIFIC ARTICLE & SECTION OF AGREEMENT ALLEGEDLY VIOLATED:

RELIEF SOUGHT:

Signature of Aggrieved