

GRIEVANCE INFORMATION FORM

(To be filled out by the grievant)

Directions: Please fill out completely. This form will be used for internal purposes only.

Name _____ Sex: M _____ F _____

Home Address _____ Home Phone _____

School Address _____ School Phone _____

Prefer To Be Contacted at: Home _____ School _____ Other _____

Name of Supervisor/Principal _____

Current Assignment _____ How Long _____ Prior Assignment _____

How Many Years Teaching in District _____ Professional Teacher Status: Yes _____ No _____

Previous Grievance(s) _____

Nature of Dispute (be specific – names, dates, times, places; attach additional pages if needed)

Remedy Sought _____

(Optional)

List specific article(s)/section(s) of the contract you feel have been violated _____

Signature – Grievant

Date