GRIEVANCE FORM - LEVEL I
**SUBMISSION OF GRIEVANCE**

- ALL PORTIONS OF THIS SECTION MUST BE COMPLETED BY THE GRIEVANT -

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| Employee Name       Work Location        |
| Statement of Grievance:     |
| Date of Alleged Grievance       Date of Informal Conference        |
| Specific contract provision alleged to have been violated (cite source)     |
| Remedy Sought     |
| Date Signature  |

UPON COMPLETION OF THIS SECTION, GRIEVANT SHALL PRESENT ORIGINAL TO IMMEDIATE SUPERVISOR. ONE COPY SHOULD BE RETAINED BY GRIEVANT.

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| Immediate Supervisor’s Response      |
| Date Signature  |

UPON COMPLETION OF THIS SECTION, IMMEDIATE SUPERVISOR SHALL RETAIN ORIGINAL, FORWARD ONE COPY TO GRIEVANT; ONE COPY TO SUPERINTENDENT/DESIGNEE; AND ONE COPY TO EXCLUSIVE REPRESENTATIVE.

DISTRIBUTION: ORIGINAL **☐** Immediate Supervisor
ONE COPY **☐** Immediate Supervisor - Return to Grievant
ONE COPY **☐** Superintendent/Designee
ONE COPY **☐** Exclusive Representative
ONE COPY **☐** Grievant

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