

GRIEVANCE FORM - LEVEL I
SUBMISSION OF GRIEVANCE

ALL PORTIONS OF THIS SECTION MUST BE COMPLETED BY THE GRIEVANT

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.

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	<input type="checkbox"/> Immediate Supervisor
	ONE COPY	<input type="checkbox"/> Immediate Supervisor - Return to Grievant
	ONE COPY	<input type="checkbox"/> Superintendent/Designee
	ONE COPY	<input type="checkbox"/> Exclusive Representative
	ONE COPY	<input type="checkbox"/> Grievant