

**GRIEVANCE FORM**

DATE: \_\_\_\_\_

Level ( check one): ONE \_\_\_\_\_

TWO \_\_\_\_\_

THREE \_\_\_\_\_

NAME OF GRIEVANT: \_\_\_\_\_

Assignment: \_\_\_\_\_

Date of occurrence giving rise to the grievance: \_\_\_\_\_

Citation of Negotiated Agreement Article and/or Section(s) alleged to have been violated: \_\_\_\_\_

Statement of Grievance: \_\_\_\_\_

Relief Sought: \_\_\_\_\_

Signature of Grievant: \_\_\_\_\_

Date: \_\_\_\_\_

Decision: \_\_\_\_\_

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Date

(If additional space needed to complete any portions(s) of this form, attach and properly identify additional pages).