

APPENDIX 4 Grievance Review Request Form

NOTE: See Article 9.3 for timeline requirements.

NOTE: Distribution of this form is as follows; original submitted to grievant's immediate supervisor; one (1) whole and complete copy, including dated signatures, of completed form to the Association's Grievance Committee Chairperson; and one (1) whole and complete copy, including dated signatures, of the completed form to the Association President.

Grievant:

Date Presented to Supervisor:

Home Address:
City/State/Zip

Telephone (home):
(cell):
(work):

School building or worksite:

Immediate Supervisor:

Subject Area or Grade:

Association Representative:

Statement of Grievance:

Remedy Sought:

Grievant's Signature: _____ Date _____