GRIEVANCE REPORT FORM	
Name of Grievant:	
Building:	
Assignment:	
LEVEL 1	
(1) Informal	
Date Incident(s) Occurred:	
Explanation of Grievance:	
Relief Sought:	
Signature of Grievant:	Date:
Signature of Administrator:	Date:
LEVEL II	
(2) Written (Attached Form 2)	
Disposition of Administrator:	
Signature of Grievant:	Date:
Signature of Administrator:	Date:
LEVEL III (SUPERINTENDENT OR DESIGNEE)	
Disposition of Superintendent:	
Signature of Grievant:	Date:
Signature of Superintendent:	Date:
LEVEL IV (BOARD OF EDUCATION)	
(1) Request For Hearing	
Signature of Grievant:	Date:
Signature of B.O.E. President:	Date:
(2) Board of Education Hearing	
Disposition of Board of Education:	
Signature of Grievant:	Date:
Signature of B.O.E. President:	Date:

GRIEVANCE FORM (2)
Procedure Level: One Two Three Four (Circle to indicate level of grievance)
Name of Grievant:
Building: Assignment: Date Incident(s) Occurred:
Article and/or Section of the Contract Alleged to Have Been Violated:
State of Grievant's Claim (Statement of Facts Upon Which Grievance is Based. Use Additional Pages if Necessary):
Relief Desired:
Signature of Grievant: Date:
Date Received:
Disposition by the Appropriate Administrator (Use Additional Pages if Necessary):
Signature of Administrator: Date:

DESPO