

**Grievance Form**

Grievant: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Location: \_\_\_\_\_

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

Grievance Step:    \_\_\_1        \_\_\_2        \_\_\_3        \_\_\_4  
(check step)

Grievant  
States: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Redress  
Sought: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Determination of Supervisor, Superintendent or Board of Education:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_