

# GRIEVANCE INFORMATION FORM

Directions: Please fill out completely. This form will be used for internal purposes only.

Name \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

School Address \_\_\_\_\_ School Phone \_\_\_\_\_

Prefer To Be Contacted at: Home \_\_\_\_\_ School \_\_\_\_\_ Other \_\_\_\_\_

Name of Supervisor/Principal \_\_\_\_\_

Current Assignment \_\_\_\_\_ How Long \_\_\_\_\_ Prior Assignment \_\_\_\_\_

How Many Years in District \_\_\_\_\_ Professional Teacher Status: Yes \_\_\_\_\_ No \_\_\_\_\_

Previous Grievance(s) \_\_\_\_\_

Nature of Dispute (be specific – names, dates, times, places; attach additional pages if needed)

---

---

---

Remedy Sought \_\_\_\_\_

---

List specific Article(s)/Section(s) you feel have been violated \_\_\_\_\_

---

---

---

\_\_\_\_\_  
Signature – Grievant

\_\_\_\_\_  
Date

