

**GRIEVANCE FORM – LEVEL II**

**Submission of Complaint** – All portions of this section must be completed by the grievant.

**Employee Name** \_\_\_\_\_ **School/Work Site** \_\_\_\_\_

**Statement of Grievance** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific provision of the Collective Bargaining Agreement alleged to have been violated and date of said violation.

Date of alleged violation \_\_\_\_\_

Collective bargaining agreement provision \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

Upon completion of this section, the grievant shall present the original to the immediate supervisor. A copy should be retained by the grievant.

Immediate Supervisor's Response \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Date

\_\_\_\_\_ Signature

Upon completion of this section, the immediate supervisor shall retain the original, present a copy to the grievant and forward a copy to the Personnel Administrator and Association President.