

APPENDIX B

Grievance #

OFFICIAL GRIEVANCE FORM

Name _____
Assignment Teacher
Work Location _____
Work Address _____

Home Address _____
Home Phone _____

STEP 1

- A Date cause of Grievance occurred: _____
- B Article(s) and Section(s) alleged to have been violated: _____
- C State Grievance: _____
- D State Relief Sought: _____
- E Disposition of immediate Supervisor:

Immediate Supervisor

Date

STEP II

- F. Date submitted to Superintendent: _____

Signature of Grievant

Signature of BTU Representative

Date Filed

Copies to: (1) Immediate Supervisor, (2) BTU, (3) Grievant