



GRIEVANCE INFORMATION FORM

Directions: Please fill out completely. This form will be used for internal union purposes only. This is not the form filed with the employer.

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