

GRIEVANCE INFORMATION FORM

| Directions: Please fill out comple This is not the form filed with the | etely. This form will be used for internal union purposes only. e employer. |
|---|--|
| Name | Sex: MF |
| | |
| Home Address | Home Phone |
| School Address | School Phone |
| Prefer To Be Contacted at: Hom | ne School Other |
| Name of Supervisor/Principal | no residente capitato viva en la cuella |
| Current Assignment | How LongPrior Assignment |
| How Many Years in District | Professional Teacher Status: YesNo |
| Previous Grievance(s) | rajes at americie as maranis made et a l'access d'access d'access de la company de la |
| Nature of Dispute (be specific – r | names, dates, times, places; attach additional pages if needed) |
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| List specific Article(s)/Section(s) | you feel have been violated |
| | allowing out major to the extraversity with the process. |
| Agray of the long By Colored | Company to local times and the surrestant to the disease of the surrestant to the su |
| | raying signed or of this Comment, and their transport or to revise some events. |
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| Signature – Grievant | Date |