

Statement of Grievance, Policy 4400.00 – SAMPLE FORM, Certified Personnel

STATEMENT OF GRIEVANCE

Type or Print:

Aggrieved
Person _____

Date of Formal
Presentation _____

Home Address of
Aggrieved Person _____

Telephone _____

School _____

Immediate Supervisor _____

Years in School System _____

Subject Area or Grade _____

Association Representative _____

STATEMENT OF GRIEVANCE:

Provision(s) Violated

How Violated

When Violated

RELIEF SOUGHT:

Signature of Aggrieved

DISTRIBUTION OF FORM

Superintendent
Immediate Supervisor
M.E.A. President
(10/16/19)