

**STAFF GRIEVANCES**  
*(Grievance Initiation Form)*

This form provides the opportunity for an employee to allege that a collective bargaining agreement or a specific, written, Board-adopted policy or regulation has been violated or misinterpreted. The purpose of the grievance process is to secure at the lowest administrative level an equitable, prompt and satisfactory solution. Complaints relating to discrimination or harassment will be resolved in accordance with policy AC.

**Grievant's Information**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Location: \_\_\_\_\_ Position: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

**Grievance**

Identify the collectively bargained agreement or Board-adopted policy or regulation for which application is at issue and attach a copy of the disputed provision to this form. \_\_\_\_\_  
\_\_\_\_\_

Identify the individual you are indicating violated the above CBA or board policy regulation.  
\_\_\_\_\_

Explain in detail the reason you believe that a violation or misinterpretation of the above provision occurred. Provide as many facts as possible. Use full names, dates, exact locations and specific occurrences, if appropriate. (Use additional sheets if necessary.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILE: GBM-AF1  
Basic

What results are you seeking from this grievance initiation? (Use additional sheets if necessary.)

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\_\_\_\_\_  
Signature of Grievant

\_\_\_\_\_  
Date

<p><i>For Office Use Only</i> Date Received by Immediate Supervisor: _____</p>
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*Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.*

Implemented:

Revised:

«AddressLine»