DEPARTMENT OF EDUCATION VOCATIONAL TECHNICAL SCHOOLS

G

Grievance Form A				
NAME OF CDIEVANT.				
HOME ADDRESS:		HOME PHO	ONE.	
SCHOOL:		SCHOOL PHONE:		
	DLATION OF KNOWLEDGE OF			
		APPROPRIATE (ARTICLE, SECTION	ON):	
		, , , , , ,	- ,	
OTATEMENT OF ODIE	/ANIT			
STATEMENT OF GRIEV	/ANT:			
SPECIFIC REMEDY RE	QUESTED:			
I hereby declare that all s	statements made herein are true	e and accurate to the best of my kn	owledge.	
Signature of Grievant and/or Union Representative Date				
Signature of Grievant and	d/of Official Representative	,	Jale	
Level I (School Principal	or Assistant Principal)			
·	• •			
	0:			
Date of Meeting	Signature of Principal	Date of Meeting if Held	Date of Response	
Answer Level I (School F	Principal):			
Aliswei Level i (School i				
			_	
I acknowledge settlement of Grievance		I appeal decision - request rev	I appeal decision - request review and	
Waived to Level II		response at next step	response at next step	
Union Seal:				
_	Employee	Union [Date Filed for Next Step	

FOR OFFICIAL USE ONLY Union Code: