GMCS STAFF GRIEVANCES

GRIEVANCE FORM

Grievant: ____________________________________________________________

Position: _____________________________________________________________

Statement of Grievance

A. Date cause of grievance occurred: ________________________________

B. Date of informal discussion between grievant and immediate supervisor: ________________________________

C. Section of Board policy, rule, or regulation alleged violated: ____________

D. Description of grievance: ________________________________

(Attach additional pages, if necessary)

E. Specific relief sought (statements such as "to be made whole" are not acceptable): ________________________________

(Attach additional pages, if necessary)

Date ____________ Signature of Grievant ____________