

APPENDIX 1 - TROY SCHOOL DISTRICT GRIEVANCE REPORT FORM

Grievance Number \_\_\_\_\_ Bargaining Agent \_\_\_\_\_ Additional Pages \_\_\_\_\_

Grievant \_\_\_\_\_ Date Occurred \_\_\_\_\_ Date Filed \_\_\_\_\_

Building \_\_\_\_\_ Grievance Type (Individual/Class/Association) \_\_\_\_\_

Wish to be Represented by the Bargaining Agent (Yes/No) \_\_\_\_\_

Section(s) Alleged to have been violated \_\_\_\_\_ Page(s) \_\_\_\_\_

Statement of Grievant:

Relief Sought:

Signature \_\_\_\_\_ Date \_\_\_\_\_

LEVEL 1 (SUPERVISOR)

Date Received \_\_\_\_\_ Date(s) of Meetings \_\_\_\_\_

Position of Principal \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_

Position of Grievant \_\_\_\_\_

Grievant Signature \_\_\_\_\_ Date \_\_\_\_\_

LEVEL 2 (EMPLOYEE SERVICES DEPARTMENT)

Date Received \_\_\_\_\_ Date(s) of Meetings \_\_\_\_\_

Position of Assistant Superintendent, Employee Services \_\_\_\_\_

Assistant Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_

Date Received by Grievant/TEA \_\_\_\_\_

Position of Grievant \_\_\_\_\_

Grievant Signature \_\_\_\_\_ Date \_\_\_\_\_

LEVEL 3 (ARBITRATION)

Date Referred \_\_\_\_\_ Date(s) of Hearings \_\_\_\_\_

Award of Arbitrator \_\_\_\_\_

Arbitrator Name \_\_\_\_\_ Date \_\_\_\_\_