

OFFICIAL CWA GRIEVANCE FORM

NAME _____

SCHOOL/DEPT _____ ASSIGNMENT _____

STEP I

A. Date, Time, and Place Grievance Occurred _____

*B. Issue Involved: (As well as Contractual Sections Involved) _____

*C. Statement of Grievance: _____

*D. Relief Sought: _____

(Signature) (Date)

*E. Disposition of Immediate Supervisor: _____

(Signature) (Date)

F. Accepted _____ Rejected _____ Appealed _____
(Date) (Date) (Date)

(Grievant's Signature)

STEP 2

*G. Disposition of Department Head/designee: _____

(Signature) (Date)

H. Accepted _____ Rejected _____ Appealed _____
(Date) (Date) (Date)

(Grievant's Signature)

STEP 3

*I. Disposition of Superintendent, or his designee: _____

(Signature) (Date)

J. Accepted _____ Rejected _____ Appealed _____
(Date) (Date) (Date)

(Grievant's Signature)

*If additional space is required for statement, please attach to this form.