

**APPENDIX C
GRIEVANCE FORM**

Name of Grievant: _____

Place of Assignment: _____ Position: _____

1. Date cause of grievance occurred: _____

2. Identify specific provision of the agreement misapplied, misinterpreted, or violated: _____

3. Statement of how employee has been directly and adversely affected:

4. Decision rendered at informal conference, or reason for appeal:

5. Specific remedy sought: _____

Grievant Signature Date

Grievance # _____ Date filed with undersigned: _____
(Assigned by District Office)

Response to grievance: _____

District Signature Date