



TEACHERS UNIT GRIEVANCE FORM

**STEP 1**

All portions of this section must be completed by the grievant.

Employee Name: \_\_\_\_\_ Work Location: \_\_\_\_\_

Job Title: \_\_\_\_\_

Statement of alleged grievance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specific contract provision on which grievance is based (cite article and section):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remedy sought: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Conference requested (check one):  Yes  No

Upon completion of this section, grievant shall present this form to the immediate manager for response.

Informal Conference Date: \_\_\_\_\_

Response of Immediate Manager: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Upon completion of this section, responding manager will retain one copy and make the following distribution:  
Original to Grievant  
One copy to Employee Relations  
One copy to TALB