APPENDIX B

OFFICIAL GRIEVANCE FORM

Name ______
Assignment Teacher
Work Location ______
Work Address ______

Home Address ______
Home Phone ______

STEP 1

A Date cause of Grievance occurred: ______

B Article(s) and Section(s) alleged to have been violated: ______

C State Grievance: ______

D State Relief Sought: ______

E Disposition of immediate Supervisor:
_________________________________________
_________________________________________
_________________________________________

Immediate Supervisor Date

STEP II

F Date submitted to Superintendent: ___________

_________________________ ________________
Signature of Grievant Signature of BTU Representative

Date Filed

Copies to: (1) Immediate Supervisor, (2) BTU, (3) Grievant