

GRIEVANCE REPORT

GRIEVANCE NO. \_\_\_\_\_

LEVEL 1

A. 1. Name of Grievant \_\_\_\_\_  
 Date Filed \_\_\_\_\_ Date Disposition Due \_\_\_\_\_  
 Work Site of Grievant \_\_\_\_\_

2. Date the Grievance Occurred \_\_\_\_\_

B. 1. Descriptive statement of the grievance (including provisions of agreement being grieved) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Relief Sought \_\_\_\_\_  
 Signature of Grievant \_\_\_\_\_ Date \_\_\_\_\_

C. Disposition by Immediate Supervisor \_\_\_\_\_  
 \_\_\_\_\_

Signature of Immediate Supervisor \_\_\_\_\_ Date \_\_\_\_\_

D. Position of Grievant/Association \_\_\_\_\_  
 \_\_\_\_\_

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

LEVEL 2

A. Date Received by Asst. Superintendent, Personnel \_\_\_\_\_

B. Date Disposition Due \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

C. Position of Grievant/Association \_\_\_\_\_  
 Signature of Grievant \_\_\_\_\_ Date \_\_\_\_\_

LEVEL 3

A. Date received by Superintendent \_\_\_\_\_ Date Disposition Due \_\_\_\_\_

B. Disposition by Superintendent \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

C. Position of Grievant/Association \_\_\_\_\_  
 Signature of Grievant \_\_\_\_\_ Date \_\_\_\_\_

LEVEL 4 - ARBITRATION

A. Date Submitted to Arbitration \_\_\_\_\_

B. Recommendation by Arbitrator \_\_\_\_\_  
 Signature of Arbitrator \_\_\_\_\_ Date \_\_\_\_\_

(Add more sheets if additional space is necessary)

Distribution: (1) Grievant, (2) Supervisor, (3) GGPPSA, (4) OPS