

GMCS STAFF GRIEVANCES

GRIEVANCE FORM

Grievant: _____

Position: _____

Statement of Grievance

A. Date cause of grievance occurred: _____

B. Date of informal discussion between grievant and immediate supervisor: _____

C. Section of Board policy, rule, or regulation alleged violated: _____

D. Description of grievance: _____

(Attach additional pages, if necessary)

E. Specific relief sought (statements such as "to be made whole" are not acceptable): _____

Date

Signature of Grievant

