

**UNIFIED SCHOOL DISTRICT 344 GRIEVANCE REPORT FORM**

PROCEDURE ( 2 ) ( 3 ) ( 4 )  
(Circle to indicate grievance level)

Date Filed:

\_\_\_\_\_  
Name of Grievant: Building: Assignment:

A. Date cause of grievance occurred:

\_\_\_\_\_  
B. Relevant contract provisions, Board policies, or administrative regulations or practices:

\_\_\_\_\_  
C. Statement of grievant's claim (statement of facts upon which grievance is based -- use additional pages if necessary):

\_\_\_\_\_  
D. Relief sought:

\_\_\_\_\_  
Signature: Date:

\_\_\_\_\_  
Printed Name: Date Received:

E. Disposition by the appropriate administrator (attach additional pages if necessary):

\_\_\_\_\_  
Printed Name Signature

\_\_\_\_\_  
Title Date