

GRIEVANCE REVIEW REQUEST FORM

Type or Print

TO: \_\_\_\_\_  
Name Title

GRIEVANT: \_\_\_\_\_ DATE: \_\_\_\_\_

WORKSITE: \_\_\_\_\_ PHONE: \_\_\_\_\_

- 1. The facts upon which my grievance is based are:
  
- 2. The alleged policy/regulation violated or the alleged unsatisfactory performance of job responsibility:
  
- 3. The adjustment I am recommending and seeking is:
  
- 4. Resolution:

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal or Supervisor

Revised: 09/20/04  
04/10/07