

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

Lake Washington School District, Redmond, Washington