

WESTLAKE CITY SCHOOLS

ATTACHMENT 1 - GRIEVANCE REPORT FORM, STEP 1

Grievant submits form to
Supervisor in duplicate

Distribution of form by Supervisor.

1. Grievant, Original
2. Supervisor, Duplicate
3. Superintendent, Copy
4. WTA PR&R, copy

NAME OF GRIEVANT _____

(a) The alleged facts upon which the grievance is based: _____

(b) The date or dates on which the alleged violation, misapplication or misinterpretation occurred: .

(c) The provision or provisions of the Agreement that was allegedly violated: _____

(d) The remedy sought: _____

Signature of Grievant Date Signed

Date received by supervisor: _____ Date of meeting: _____

Present at meeting: _____

Disposition by supervisor: _____

Signature of Supervisor

Date of Distribution