



**CERTIFICATED GRIEVANCE FORM
LEVEL TWO**

GRIEVANT

Submission of Grievance – All portions of this section must be completed by the grievant.

Employee's Name:

Assignment:

Date of Grievance:

Statement of Grievance:

My Representative is:

Specific contract provision alleged to have been violated* (cite source):

Date

Signature: _____
(Grievant)

SUPERINTENDENT/PRESIDENT'S DECISION

Date:

Signature: _____
(Superintendent/President)

* Use same number at all levels. Attach additional sheets if necessary.

Original - Superintendent/President; Copy 2 - Vice President/Dean;
Copy 3 - Grievant; Copy 4 - Association President; Copy 5 - Grievance File