

GRIEVANCE FORM

(For use with Collective Bargaining Agreement between the Board and the
Collinsville Education Association, IEA-NEA)

Grievant

Work Location and/or Assignment

DESCRIPTION OF GRIEVANCE:

DATE OF OCCURRENCE:

ARTICLES AND/OR POLICIES IN QUESTION:

REMEDY REQUESTED:

DATE: _____

Signature of Grievant

(If additional sheets need to be attached to this Grievance Form to provide additional space for description, remedies, explanations, responses, position statement, etc., please make reference to any attachments in the appropriate place on this Grievance form.)

(STEP 1) Grievance Received by _____ on _____ (date)

Principal or Immediately Involved Supervisor's Response:

Date

Principal or Immediately Involved Supervisor's Signature

Position of Grievant:

Date

Grievant's Signature

(STEP 2) Grievance Received by _____ on _____ (date)

Superintendent's Response:

Date

Superintendent's Signature

Position of Grievant:

Date

Grievant's Signature

(STEP 3) Grievance Received by _____ on _____ (date)

Board of Education's Response:

_____ **Date**

_____ **Board of Education Representative's Signature**

Position of Grievant:

_____ **Date**

_____ **Grievant's Signature**

(STEP 4)

Name of Mediator:

Disposition of Grievance:

_____ **Date of Disposition**

_____ **Mediator's Signature**

(STEP 5)

Name of Arbitrator:

Arbitrator's Decisions:

_____ **Date of Decision**

_____ **Arbitrator's Signature**