

SHAWNEE MISSION UNIFIED SCHOOL DISTRICT #512

GRIEVANCE REPORT FORM

Level 1 2

(Circle one to indicate level of Grievance)

Date Filed _____

Name of Grievant

Building

Assignment

A. Date cause of grievance occurred: _____

B. Specific relevant contract provisions: _____

C. Statement of fact (*detailed statement of facts upon which grievance is based – use additional pages, if necessary*):

D. Statement of grievant's claim (*attach additional pages, if necessary*):

E. Relief desired:

Signature _____ Date _____

Date received _____

F. Disposition by the appropriate administrator (*attach additional pages, if necessary*):

Signature _____

Date _____