

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 _____