

**APPENDIX 2 Grievance Review Request Form**

**NOTE:** See Article 9.3 for timeline requirements.

**NOTE:** Distribution of this form is as follows; original submitted to grievant's immediate supervisor; one (1) whole and complete copy, including dated signatures, of completed form to the Association's Grievance Committee Chairperson; and one (1) whole and complete copy, including dated signatures, of the completed form to the Association President.

Grievant:	Date Presented to Supervisor:
Home Address:	Telephone (home):
City/State/Zip	(cell):
	(work):
School building or worksite:	Immediate Supervisor:
Subject Area or Grade:	
Association Representative:	
Statement of Grievance:	
Remedy Sought:	
Grievant's Signature: _____	Date _____