

CARMAN-AINSWORTH EDUCATION ASSOCIATION GRIEVANCE FORM

NAME _____ Date Filed _____

Building _____ Assignment _____

Individual Grievance _____ Association Grievance _____

Contract Citations:

Statement of Grievance:

Relief Sought:

Signature of Grievant

Signature indicating receipt of grievance form _____

Signature

Grievance Number _____

Date Signed _____

Distribution: Submit to Supervisor and his/her secretary in triplicate. The secretary or Supervisor will sign receipt, date, and number the grievance and give one copy to grievant, one copy to Association Office, and retain one copy.