

GRIEVANCE FORM

To: Debbie Crahen, Grievance Chairperson (Clarence Center)

Employee name(s): _____

Building(s): _____

School Room Extension(s): _____

Home phone(s): _____

Cell phone(s): _____

1- What did the employer allegedly do or fail to do?

2-Date of the Occurrence:_____

Note: A meeting must take place within 5 calendar days.(Summer School)

Sept.- June- Meeting in a timely manner/ Written form filed within 60 working days.

_____ I met with the administrator.

Outcome:_____

_____ I am requesting representation to meet with the administrator.

2- Paragraph(s) of the agreement violated by the employer's action or failure to act.

3- Remedy requested _____

Signed _____

_____ date _____

*All parties must sign this form.