

Grievance Report Form

DISTRICT U-46 TRANSPORTATION UNION

Grievance #

Distribution of Form:

- 1. Superintendent**
- 2. Administrative Supervisor**
- 3. Union**
- 4. Employee**

Submit to Supervisor in Quadruplicate

Assignment

Name of Grievant

Date Filed

STEP I

A. Date Cause of Grievance Occurred:

B. Date of Discussion of Grievance with Administrative Supervisor:

C. 1. Article(s) or Section(s) of Agreement Cited:

2. When and by what process knowledge of the grievance was gained:

3. Statement of Grievance:

4. Relief Sought:

Grievant's Signature Date

D. Disposition by Supervisor:

Supervisor's Signature Date

E. Position of Grievant:

Grievant's Signature Date

NOTE: If additional space is necessary for any of the above statements, attach additional sheets.