

GRIEVANCE REPORT

GRIEVANCE NO. _____

LEVEL 1

- A. 1. Name of Grievant _____
 Date Filed _____ Date Disposition Due _____
 Work Site of Grievant _____
- 2. Date the Grievance Occurred _____
- B. 1. Descriptive statement of the grievance (including provisions of agreement being grieved) _____

- 2. Relief Sought _____
 Signature of Grievant _____ Date _____
- C. Disposition by Immediate Supervisor _____
- D. Signature of Immediate Supervisor _____ Date _____
 Position of Grievant/Association _____
- Signature of Grievant _____ Date _____

LEVEL 2

- A. Date Received by Asst. Superintendent, Personnel _____
- B. Date Disposition Due _____
 Signature _____ Date _____
- C. Position of Grievant/Association _____
 Signature of Grievant _____ Date _____

LEVEL 3

- A. Date received by Superintendent _____ Date Disposition Due _____
- B. Disposition by Superintendent _____
 Signature _____ Date _____
- C. Position of Grievant/Association _____
 Signature of Grievant _____ Date _____

LEVEL 4 - ARBITRATION

- A. Date Submitted to Arbitration _____
- B. Recommendation by Arbitrator _____
 Signature of Arbitrator _____ Date _____

(Add more sheets if additional space is necessary)

Distribution: (1) Grievant, (2) Supervisor, (3) GGPPSA, (4) OPS