

OFFICIAL GRIEVANCE FORM

ESCAMBIA EDUCATION STAFF PROFESSIONALS

NAME OF GRIEVANT: _____ **DATE** _____

HOME ADDRESS: _____

WORK LOCATION: _____ **HOME PHONE:** _____

CLASSIFICATION: _____ **SUPERVISOR:** _____

VIOLATION OF ARTICLES: _____

DATE CAUSE OF GRIEVANCE OCCURRED: _____

NATURE OF VIOLATION: _____

WITNESS (IF ANY) _____

RELIEF SOUGHT: _____

Signature of Grievant

Signature of Union Representative

Level I _____ **Level II** _____ **Level III** _____

