

ESCAMBIA EDUCATION ASSOCIATION

Official Grievance Form

NAME(S): _____

SCHOOL: _____ ASSIGNMENT: _____

HOME ADDRESS: _____ HOME PHONE: _____

DATE CAUSE OF GRIEVANCE OCCURRED: _____

RELATES TO ARTICLE(S): _____ OF CONTRACT

STATEMENT OF GRIEVANCE:

RELIEF SOUGHT:

Date

Signature

File Dates(s): Level I _____ Level II _____ Level III _____