FORMAL GRIEVANCE – STEP 2

Grievant’s Name: ________________________________ Date: ____________________

(To be given to Supervisor on this date)

School/Department: ____________________ Position/Title: ____________________ Supervisor: Name and Title: ____________________

Date Grievance Occurred: ____________________________________________

Provision of Contract Violated:

Article #(s): ____________________ Article Title(s): ____________________

Section #(s): ____________________ Section Title(s): ____________________

Informal Discussion(s):

Date(s): ___________________________________________________________________

MDEA Representative: _______________________________________________________

Statement of Grievance Issue(s):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Remedy/Remedies Sought:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Initiated by: ____________________ Date: ____________________

(Signature of Grievant)

Represented by: ____________________ Date: ____________________

*Immediate Supervisor: Upon completion of this section, disperse immediately as follows:

- White – Asst. Supt./Personnel Services
- Canary – Immediate Supervisor
- Pink – MDEA
- Golden – Grievant