



NOTICE OF GRIEVANCE FORM – Professional Staff

NOTICE: This form is to be used to address situations where you allege that your employment is adversely affected by a decision, action or inaction by another employee that is in violation of the Professional Personnel Employment Handbook, the Trustee’s Policy Manual, or other Trustee-approved policy, or is in violation of a law or regulation. Certain issues are not subject for grievance. See Section IX of the Professional Personnel Employment Handbook for additional information, time requirements, and instruction.

It is expected that you will engage in informal discussion with appropriate administrators prior to initiation of formal grievance procedures.

GRIEVANT’S NAME: _____
GRIEVANT’S ADDRESS: _____

REPRESENTATIVE: _____

REPRESENTATIVE’S ADDRESS: _____

DATE OF OCCURRENCE GIVING RISE TO GRIEVANCE: _____

STATEMENT OF GRIEVANCE:

RELIEF REQUESTED:

Signature of Grievant

Today’s Date