

Obion County Education Association Grievance Form

Teacher's Name _____ School: _____

Assignment: _____

Date of Alleged Violation: _____ Date of Grievance Filed: _____

Nature of Grievance: _____

Specific Provision (s) Violated: _____

Remedy Sought: _____

Signature of Teacher

DISPOSITION BY PRINCIPAL

Date Received: _____ Date Meeting Set: _____

Response: _____

Copy to: Director of Schools or his/her Designated Representative

Signature

Date

Grievance Resolved: YES NO

Appealed to Step 2: YES NO

Signature of Teacher

Copy to: Association President

STEP 2

DISPOSITION BY SUPERINTENDENT OR DESIGNATED REPRESENTATIVE

Date Received: _____ Date Meeting Set: _____

Response: _____

Copy to: Principal

Signature

Date

Grievance Resolved: YES NO

Appealed to Step 3: YES NO

Signature of Teacher

Copy to: Association President

STEP 3

DISPOSITION BY THE BOARD OF EDUCATION

Date Received: _____ Date Meeting Set: _____

Response: _____

Copies to: Director of Schools/Principal

Signature

Date

Grievance Resolved: YES NO

Signature of Teacher

Copy to: Association President