

**APPENDIX A
GRIEVANCE REPORT**

Full size form available on District Website

Independence Community School District

No. _____

Building _____

Date Filed

Name of Aggrieved Person

STEP ONE

A. Date violation occurred _____

B. Section(s) of contract violated _____

C. Statement of Grievance* _____

D. Relief Sought* _____

Date

Signature

E. Disposition by

Immediate Supervisor* _____

Date

Signature

*If additional space is needed, attach additional sheets.

STEP TWO

A. _____

Signature of Aggrieved Person

Date Received by Superintendent

B. Disposition by Superintendent or Designee _____

Date

Signature of Superintendent or Designee

STEP THREE

A.	_____	_____
	Signature of Aggrieved Person	Signature of Association President
B.	_____	_____
	Date Submitted to Arbitration	Date Received by Arbitrator
C.	Disposition and Award of Arbitrator _____	

	_____	_____
	Date of Decision	Signature of Arbitrator

*If additional space is needed, attach additional sheets.

NOTE: All provisions of Article III of the Agreement, Date _____,

20____ shall be strictly observed in the settlement of grievances.