

Grievance Number \_\_\_\_\_

Date Filed \_\_\_\_\_

## Brighton Area Schools Employee Grievance Form

Association Class Action Grievance

Name of Grievant:

Building:

Assignment of Grievant:

**LEVEL I II** (circle proper level)

**A. Date Of Violation Causing Grievance:**

**B. Synopsis Of Facts Giving Rise To Violation:**

**C. Section Or Subsections Of Master Contract Violated:**

**D. Relief Requested:**

**E. Principal/Superintendent Response:**

\_\_\_\_\_  
Signature of Grievant

\_\_\_\_\_  
Date

The above grievance is approved / disapproved by the Brighton Education Association

\_\_\_\_\_  
Brighton Education Association  
Authorized Signature

\_\_\_\_\_  
Date

**Distribution of Copies**

1. Superintendents or Designated Representative

3. Association

2. Building Principal

4. Employee