

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
2. Building Principal

3. Association
4. Employee