

Grievance Report Form
Juneau Education Association/Juneau School District

Grievance number: _____ **Year** _____ **Number** _____

1. Name of grievant: _____
2. School or location of assignment: _____
3. Date alleged cause of grievance occurred: _____
4. Article(s) and section(s) of Negotiated Agreement alleged to be violated:

5. Statement of grievance: _____

6. Relief sought: _____
7. Date grievance received by immediate supervisor: _____
8. Grievant Signature: _____ Date: _____
9. **JEA Representative Contact Information:** _____

All sections (above) of the grievance form must be completed by the grievant **representative**.
If additional space is needed, attachments must accompany the grievance form.

Response of the administrator/supervisor will be based upon hearing and submitted in writing with copies to all parties concerned.

Original copy retained by grievant; copies to immediate supervisor, JEA and Superintendent.