

SCHOOL DISTRICT OF HARTFORD JT. #1  
GRIEVANCE INITIATION INSTRUCTIONS

---

Complete the original and one copy. Please print or type. Give the original to your immediate supervisor.  
Keep one copy for your records.

EMPLOYEE GROUP

---

EMPLOYEE'S NAME

HOME ADDRESS

---

SCHOOL

---

JOB TITLE

---

1. What is the action or situation about which you have a grievance? (Be specific as to names and locations.)

---

2. On what date did the above action or situation occur?

---

3. What provision of the *Employee Handbook* has been violated?

---

4. What do you think should be done about it, i.e., what is the remedy that you seek?

---

5. When was this grievance discussed with your immediate supervisor?

---

Name & Title of your  
immediate supervisor

NAME

TITLE

---

6. What other person do you want notified regarding this grievance?

---

NAME

MAILING ADDRESS

---

That person's role in this grievance:

---

EMPLOYEE'S SIGNATURE

DATE

CROSS REFERENCE: Employee Handbook  
Policy GBM - Employee Grievances  
Policy GBM-Exhibit II – Grievance Appeal Form