

APPENDIX 3
Maple Heights City Schools
GRIEVANCE FORM

NAME OF GRIEVANT: _____

WORK LOCATION: _____

ASSIGNMENT: _____

IMMEDIATE SUPERVISOR: _____

DATE CAUSE OF GRIEVANCE OCCURRED: _____

DATE OF LEVEL 1 DISCUSSION: _____

13 **STATEMENT OF GRIEVANCE:** *(Set forth a clear and concise description of the grievance. Specify all provisions of the Agreement alleged to be violated, misinterpreted or misapplied. Any provisions not included in this statement as having been violated, misinterpreted, or misapplied may not be raised later in the grievance procedure.):*

14 **RELIEF SOUGHT:**

Signature of MHTA President/Designee Grievance

Date

Signature of Person Receiving at Initial Filing Grievance

Date