

EAST ALLEN COUNTY SCHOOLS  
CERTIFIED PERSONNEL GRIEVANCE FORM

**Step (1)**

Name of Aggrieved \_\_\_\_\_

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

Date of Grievance \_\_\_\_\_

Article & Section of Agreement Violated \_\_\_\_\_

Statement of Grievance \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remedy Sought \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_  
Grievant

Signed \_\_\_\_\_  
Association Representative

Received by \_\_\_\_\_ Administrator Date Received \_\_\_\_\_

LEVEL OF PROCESS AND REFERRAL DATE:

Step (1) Principal or  
Unit Head

Step (2) Director of  
Human Resources

Step (3) Arbitration

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

By \_\_\_\_\_

By \_\_\_\_\_

By \_\_\_\_\_

Answer or Disposition of Building Principal/Immediate Supervisor

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By \_\_\_\_\_

Date \_\_\_\_\_

Action by Aggrieved: ( ) Accepted Answer  
( ) Appealed

By \_\_\_\_\_ Date \_\_\_\_\_

**Step (2)**

Answer or Disposition of Director of Human Resources

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By \_\_\_\_\_

Date \_\_\_\_\_

Action by Aggrieved: ( ) Accepted Answer  
( ) Appealed

By \_\_\_\_\_ Date \_\_\_\_\_

**Step (3)**

Issue to be Arbitrated:

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Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
Board Representative

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Association Representative