

**APPENDIX V-A: GRIEVANCE INITIATION INSTRUCTIONS
SCHOOL DISTRICT OF MAUSTON**

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

EMPLOYEE'S SIGNATURE

DATE