

Paterson Education Association

445 Straight Street, Paterson NJ • (973) 881-9445 • Fax (973) 881-9440

GRIEVANCE FORM

Name of Grievant: _____ Date: _____ Worksite: School: _____

Grades or subjects taught: _____ Phone Number: _____

1. Date cause of grievance: _____
2. Statement of Grievance: _____
3. Article(s) of contract believed violated (if known): _____
4. Relief Sought: _____
5. Level One response:
 - a. _____ Check here if grievance cannot be resolved at Level I.
 - b. _____ Check here if grievance is resolved to the satisfaction of the grievant and state resolution in the space provided
 - c. _____ Check here if the grievance is denied and state the reason for the denial below

Signature of the grievant _____
Date _____

Signature of the School Grievance
Representative _____

Signature of the Administrator _____
Date _____