

**BOARD OF EDUCATION AND COUNCIL OF ADMINISTRATIVE AND SUPERVISORY EMPLOYEES
(CASE)
GRIEVANCE REPORT FORM**

Official Use Only (For clear copies, please type or use ball point pen)

Grievance No. Level I filed with _____

Level Processed (circle one) Date Grievance Occurred _____

Informal I II III Date Grievance Filed _____

Name of Grievant

School or Office

Home Address _____ Zip Code _____ Home Phone _____

Nature of Grievance

(Attach additional sheets, if needed. Indicate Article and Section of Master Agreement deemed to be violated.)

Remedy Sought

Signed

Send copies to: Community Superintendent, Principal (or other appropriate administrator),
CASE, Retain one copy