

APPENDIX C
Baltimore County Public Schools

GRIEVANCE REPORT FORM FOR CLASSIFIED PERSONNEL

Official Use Only

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

Send Copies to:

Grievance No.

Level I filed with _____

Office of Staff Relations

Level Processed (circle one)

Date Grievance Occurred _____

**Exec. Dir. (or other
appropriate administrator)**

**AFSCME II III IV V
BACE Informal I II III**

Date Grievance Filed _____

**Office Head (or other
Appropriate administrator)**

**BACE or AFSCME
Retain one copy**

Name of Grievant _____

School or Office _____

Home Address _____ Home Phone _____
Zip Code

WHAT IS YOUR COMPLAINT? (State name and position of individual making the decision)

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

WHAT DO YOU THINK SHOULD BE DONE?

Signed _____