

APPENDIX C
Baltimore County Public Schools
GRIEVANCE REPORT FORM

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)**

Informal I II III

Date Grievance Filed _____

**Office Head (or other
Appropriate administrator)
BACE/TABCO or AFSCME
Retain one copy**

Name of Grievant _____

School or Office _____

Home Address _____

Zip Code

Home Phone _____

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 _____