

**APPENDIX D  
BOARD OF EDUCATION and the PROFESSIONAL STAFF NURSES' ASSOCIATION OF  
MARYLAND  
GRIEVANCE REPORT FORM**

|                              |  |   |
|------------------------------|--|---|
| <b>Official Use Only</b>     | <b>(For clear copies, please type or use ball point pen)</b> | <b>Send Copies to:</b>                            |
| Grievance No. _____          | Level I filed with _____                                     | Executive Director of Schools                     |
| Level Processed (circle one) | Date Grievance Occurred _____                                | Principal (or other<br>appropriate administrator) |
| Informal I II III            | Date Grievance Filed _____                                   | PSNA<br>Manager, Staff Relations                  |
|                              |  | Retain one copy                                   |

**Name of Grievant** \_\_\_\_\_

**School or Office** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Home Phone** \_\_\_\_\_  
Zip Code \_\_\_\_\_

**Nature of Grievance**

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

**Remedy Sought**

**Signed** \_\_\_\_\_