

**APPENDIX C
BOARD OF EDUCATION AND TEACHERS ASSOCIATION
OF BALTIMORE COUNTY
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 _____

Executive Director of Schools
Principal (or other
appropriate administrator)
TABCO
Manager, Staff Relations
Retain one copy

Level Processed (circle one)

Date Grievance Occurred _____

Informal I II III

Date Grievance Filed _____

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 _____