



Washington Teachers' Union

Amplifying the Voice of DC Teachers

Jacqueline Pogue Lyons, *President*

STEP I GRIEVANCE FORM

Name _____ Position/Title: _____

School/Program: _____ SY _____

If known, indicate the specific contract provision(s) believed to have been violated, misapplied or misinterpreted: _____

Describe how you believe the contract was violated, by providing a detailed account (attach extra sheets if necessary): _____

State the remedy or relief requested: _____

This grievance pertains to the contract article(s) and other charges identified herein as well as any other relevant contract articles, policies, rules, and regulations.

Persons Present:

I agree to provide the requested relief: _____
I disagree and will not provide the requested relief: _____ <i>(Supervisor, please initial appropriate line)</i>

Signature of Grievant

Signature of Supervisor

Date: _____