

# St. Cloud Education Association

## Grievance Form

St. Cloud Education Association on behalf of:	
Building:	
Home Telephone:	School Telephone:
Name of Administrator:	
Association Representative:	
Date Grievance Occurred:	Place:
Was there an attempt to settle informally? <span style="float: right;">Yes</span>	

Distribute to:	
<input type="checkbox"/>	Superintendent
<input type="checkbox"/>	Administrator
<input type="checkbox"/>	Local
<input type="checkbox"/>	Grievant

*Statement of Grievance (included event/conditions of grievance/persons responsible):*

*Contract Provision Alleged Violated:*

*Redress Sought:*

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Signature of Association Representative Date

<b>LEVEL 1</b>	<b>ADMINISTRATOR</b>	<b>DATE SUBMITTED:</b>
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Response:

<b>LEVEL 2</b>	<b>SUPERINTENDENT</b>	<b>DATE SUBMITTED:</b>
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Response:

<b>LEVEL 3</b>	<b>THE DISTRICT</b>	<b>DATE SUBMITTED:</b>
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Response:

<b>LEVEL 4</b>	<b>ARBITRATOR</b>	<b>DATE SUBMITTED:</b>
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**DISPOSITION AND AWARD OF ARBITRATOR:**