Baltimore County Public Schools and
Council 67/Local 434 of the American Federation of State, County and
Municipal Employees
GRIEVANCE REPORT FORM

Official Use Only  (For clear copies, please type or use ball point pen)

Grievance No.  Level I filed with ____________________________

Level Processed (circle one)  Date Grievance Occurred ____________

Informal (I) II III IV  Date Grievance Filed ____________________

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

Send copies to: Community Superintendent (or appropriate administrator), Office Head (or
appropriate administrator), AFSCME, Retain one copy