Baltimore County Public Schools and
Educational Support Professionals of Baltimore County
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), ESPBC, Retain one copy