

**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