

**BOARD OF EDUCATION AND
ORGANIZATION OF PROFESSIONAL EMPLOYEES
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 _____ Date Grievance Filed _____

Name of Grievant _____

School or Office _____

Home Address _____ Home Phone _____

Zip Code _____

Nature of Grievance

(Attach additional sheets, if needed. Indicate Article and Section of Master Agreement deemed to be violated.)

Remedy Sought

Signed _____

Send copies to: Community Superintendent, Principal (or other appropriate administrator), OPE, Retain one copy.