

**Columbus City Schools
GRIEVANCE**

Certificated Teaching Personnel

The Association on behalf of the affected bargaining unit members at:

Grievant's Name

(Please print)

Statement of Grievance:

Section of Agreement or Policy, Rule or Procedure claimed to have been violated:

Date, Time and Location of Occurrence:

Relief Requested:

Presented to Principal/Supervisor:

Date

Grievant's Signature

Disposition:

STEP 1

Response Date:

Principal/Supervisor

I hereby request that my grievance be forwarded to Step 2.

Presented to Principal/Supervisor

Date

Grievant's Signature

Date received by Superintendent:

STEP 2

Response Date:

Superintendent/Designee

ARBITRATION

The Association requests that this grievance be submitted for arbitration.

Association President/Designee Signature

Date

Date Received by Superintendent: