

LISBON EXEMPTED VILLAGE SCHOOL DISTRICT
317 North Market Street
Lisbon, OH 44432

GRIEVANCE FORM

Name of Grievant: _____ Date of Filing: _____

Home Address: _____ Telephone: _____

School: _____ Teaching Area: _____

Name of Principal: _____

Violation Date: _____

1 State concisely the specific section of the agreement that you feel has been violated, misinterpreted, or misapplied.

2 Describe concisely the incident(s) which you feel constitute your grievance, including the relationship of this incident to the items of the memorandum, contract stated above.

3 Action requested:

Grievance Prepared By: _____
Signature Date:

Grievance Received By: _____
Principal Date: