

GRIEVANCE REPORT FORM  
AMHERST SCHOOLS

- Distribution of Form:
1. Superintendent
  2. Principal/Immediate Supervisor
  3. ATA President

Building	Name of Grievant	Date Filed
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A. Date cause of grievance occurred: \_\_\_\_\_

B. 1. Specific statement of grievance including specific section(s) of contract claimed to be violated, and how It was violated

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2. Specific Relief Sought

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C. Disposition by Appropriate Supervisor	Signature	Date
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Add additional pages if needed.	Signature	Date
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