

**Department of Education
Connecticut Technical Education & Career System
Grievance Form**

FOR OFFICIAL USE ONLY Union Code:

NAME OF GRIEVANT:
HOME ADDRESS:
UNION OFFICE PHONE NUMBER:
UNION OFFICE FAX:
SCHOOL:
DATE OF ALLEGED VIOLATION OR KNOWLEDGE OF VIOLATION:

SPECIFIC CONTRACT PROVISION(S) VIOLATED IF APPROPRIATE (ARTICLE, SECTION):

STATEMENT OF GRIEVANT:

SPECIFIC REMEDY REQUESTED:

HEREBY DECLARE THAT ALL STATEMENTS MADE HEREIN ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE

Signature of Grievant or Union Representation

DAT

Level One Response (Return to Grievant or Union Representation):

- **I appeal this decision and request review and response at the next level**
- **Waived to the next level**

Employee or Union representative (Please Print & Sign)

DATE Filed