GRIEVANCE REVIEW REQUEST FORM

| Type or Print | |
|---------------|--------|
| TO: Name | Title |
| GRIEVANT: | DATE: |
| WORKSITE: | PHONE: |
| | |

1. The facts upon which my grievance is based are:

- 2. The alleged policy/regulation violated or the alleged unsatisfactory performance of job responsibility:
- 3. The adjustment I am recommending and seeking is:
- 4. Resolution:

Date

Signature of Grievant

Date

Signature of Principal or Supervisor

Revised: 09/20/04 04/10/07

Lake Washington School District, Redmond, Washington