

ADDENDUM C

**GRIEVANCE REPORT FORM
School District No. 2
Billings High School District No. 2
Billings, Montana**

Grievance No: _____

Date: _____

Name: _____

Building or Dept: _____

Job Classification: _____

Date Grievance Occurred: _____

Statement of Facts:

Specific Provisions of Agreement Allegedly Violated:

Particular Relief Sought:

Signature of Grievant:

Date Received by Executive Director of Human Resources:

NOTE: Must be presented to Executive Director of Human Resources within time limits set forth in grievance procedure.