

APPENDIX C
GRIEVANCE REPORT FORM

School District No. 2
Billings High School District No. 2
Billings, Montana

Grievance No: _____

Name: _____

Building: _____

Date Grievance Occurred: _____

Statement of Facts:

Specific Provisions of Agreement Allegedly Violated:

Particular Relief Sought:

Dated: _____

Signature of Grievant

Copies To:

Superintendent
Director Human Resources
Principal
BEA Representative

Grievant

Signature of BEA Representative