PRINT RESET FORM

Grievance # _____

MILWAUKEE BOARD OF SCHOOL DIRECTORS

GRIEVANCE INITIATION FORM B

(For employees covered by the MPS Employee Handbook)

TO: Chief Human Capital Officer

Office of Human Capital

DATE: _____

Representativ (Select one)

Grievant (Name) _____

Grievant (Employee ID #) _____

Title _____

Home/Cell Phone No. _____

Representative Name _____

Department/School _____

_____

Email _____

1. What is the action or situation about which you have a grievance?

Please select one: ☐ **Discipline** ☐ **Termination** ☐ **Workplace Safety**

Date of incident _____

Briefly describe the situation:

2. What do you think should be done about it?

3. Names of supervisors and other persons with whom this grievance was discussed:

4. Give name and title of your immediate supervisor or principal:

Name _____

Title _____

_____

Grievant Signature

Return Completed Form to Employment Relations, Room 204