

BOOKER INDEPENDENT SCHOOL DISTRICT

Board of Trustees Grievance Report Form

DGBA-E1

LEVEL: I II III (Circle to indicate level)

Date Filed _____

Name of Grievant *Building* *Assignment*

1. Date cause of grievance occurred: _____

2. Statement of grievant's claim (*statement of facts upon which grievance is based.*) Use additional pages, if necessary. _____

3. Relief desired: _____

4. Name of representative (*if applicable*): _____

Signature of Grievant

Date

Signature of Administrator

Date Received by Administrator

1. Copy to Grievant with both signatures and dates
2. Copy to Superintendent with both signatures and dates
3. Copy to Grievance file (not personnel file)

BOOKER INDEPENDENT SCHOOL DISTRICT

Administrator's Disposition Report DGBA-E1

LEVEL: I II III (Circle to indicate level)

Date

Name of Grievant

Building

Assignment

Disposition by the appropriate administrator (*attach additional pages, if necessary*):

Signature of Grievant

Date

Signature of Administrator

Date

1. *Copy to Grievant*
2. *Copy to Superintendent with both signatures and dates*
3. *Copy to Grievance file (not personnel file)*