

# Jersey City Education Association

## GRIEVANCE FORM

Name: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Chronological of Assignments  
and positions to date:

Certificate Held:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Articles and clauses violated: \_\_\_\_\_

Brief Narrative of events causing grievance:

Disposition of Step I (If applicable): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Remedy Sought: \_\_\_\_\_

Signature: \_\_\_\_\_

**\*\*IF A PERSON INTERVIEW IS NECESSARY, PLEASE BRING ALL PERTINENT INFORMATION WITH YOU TO THAT MEETING. (LETTERS, ETC.)**