

**BOARD OF EDUCATION AND TEACHERS ASSOCIATION  
OF BALTIMORE COUNTY  
GRIEVANCE REPORT FORM**

**Official Use Only** (For clear copies, please type or use ball point pen)

**Grievance No.** Level I filed with \_\_\_\_\_

**Level Processed (circle one)** Date Grievance Occurred \_\_\_\_\_

**Informal I II III** Date Grievance Filed \_\_\_\_\_

**Name of Grievant** \_\_\_\_\_

**School or Office** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Home Phone** \_\_\_\_\_  
Zip Code

**Nature of Grievance** \_\_\_\_\_

*(Attach additional sheets, if needed. Indicate Article and Section of Master Agreement deemed to be violated.)*

**Remedy Sought** \_\_\_\_\_

**Signed** \_\_\_\_\_

Send copies to: Community Superintendent, appropriate supervisor/administrator, TABCO, retain one copy.