

District School Board of Madison County

210 NE Duval Avenue • Madison Florida 32340

GRIEVANCE FORM

Name: _____

Worksite: _____

Assignment: _____

Home Address: _____

Street _____ City _____ Zip _____

Grievance filed under provisions of Article: _____

Date of Alleged Violation: _____

Relates to Article(s): _____

Section(s): _____

Statement of
Grievance: _____

(Attach additional pages if necessary)

Relief
Sought: _____

(Attach additional pages if necessary)

Date: _____

Signature of Grievant: _____

1 copy to immediate Supervisor

1 copy to Association (if applicable)

1 copy to Grievant

1 copy to Superintendent

PHONE 850-973-5022 FAX 850-973-5027 ANNEX FAX 850-973-5017 WWW.MADISON.K12.FL.US

Karen Pickles, PhD Superintendent • Susie Williamson District 1 • Carol Gibson District 2 • VeEtta L. Hagan District 3 • Reginald Daniels District 4 • Bart Alford District 5

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