Cincinnati Public Schools
Department of Human Resources

GRIEVANCE FORM

(CFT and CFOP)

Name of Grievant **Position Title**

School/Office **Name of Administrator**

Building Representative _____ **Field Representative** _____

Briefly state the issue(s):

Cite section(s) of Collective Bargaining Agreement allegedly violated:

What remedy is sought?

Did grievant meet with the administrator about the issue(s)? ( ) Yes ( ) No

Was form submitted to the administrator for a Level 1 response ( ) Yes ( ) No. If yes, date

Date **Grievant's Signature**

Revisde 9/00

Administrator – Level 1 Response

Cite and include rules, regulations, policy or other basis for the decision in your response. Attach additional pages as necessary. (Date – Conference Held – If applicable _____.)

Date **Signature and Title of Administrator**

NOTE: Distribute copies to the following: 1) Grievant 2) CFT or ACPSOP Office 3) Department of Human Resources

Appeal – Level 1

CFT/ACPSOP appeals the above decision to Level

Date **Signature of CFT/ACPSOP Representative**

Administrator – Level 2 Response

Cite and include rules, regulations, policy or other basis for the decision in your response.

Date **Signature and Title of Administrator**

Appeal – Level 2

CFT/ACPSOP appeals the above decision to Level 3

Date **Signature of CFT/ACPSOP Representative**

Cincinnati Public Schools

ALTERNATE GRIEVANCE PANEL DECISION

In the matter of _____,

the following decision has been reached by the AGP: (check one)

- ❑ *Grievance Denied*
- ❑ *Grievance Sustained*
- ❑ *Panel Tied 2-2*

Remedy (If grievance sustained)

***Signature of Panel Members*_____**

_____***Date*_____**