



GRIEVANCE REPORT FORM- STEP 1

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

DATE: \_\_\_\_\_ DATE: \_\_\_\_\_

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STATEMENT OF THE GRIEVANCE: (CIRCUMSTANCES WHICH GAVE RISE TO THE GRIEVANCE)

PERTINENT SECTIONS OF THE CONTRACT:

CORRECTIVE ACTION SOUGHT (REMEDY)

UPON COMPLETION THIS FORM MUST BE SENT TO THE WTU PRESIDENT  
WTU, 585 JEFFERSON BLVD., WARWICK, RI 02886 TEL. NO. 739-2260 FAX NO. 739-2287

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