

MILWAUKEE BOARD OF SCHOOL DIRECTORS

**GRIEVANCE APPEAL FORM B**

(For employees covered by the MPS Employee Handbook)

**STEP 2 3**  
(Select One)

TO: \_\_\_\_\_

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

Representative \_\_\_\_\_

Date of Initiation Form \_\_\_\_\_

Representative Name \_\_\_\_\_

Grievant (Name) \_\_\_\_\_

Dept/School \_\_\_\_\_

Grievant (Employee ID #) \_\_\_\_\_

Email \_\_\_\_\_

Title \_\_\_\_\_

Home/Cell Phone No. \_\_\_\_\_

1. I wish to appeal the decision of: Name \_\_\_\_\_

Title \_\_\_\_\_

2. Nature of grievance:

Please select one:            Discipline            Termination            Workplace Safety

Briefly describe the situation:

3. Reason for appeal:

4. Names of supervisors and other persons with whom this grievance was discussed:

\_\_\_\_\_  
Grievant Signature

Return Completed Form to Employment Relations, Room 116