

MILWAUKEE BOARD OF SCHOOL DIRECTORS

GRIEVANCE INITIATION FORM B

(For employees covered by the MPS Employee Handbook)

TO: Chief Human Capital Officer
Office of Human Capital
 Grievant (Name) _____
 Grievant (Employee ID #) _____
 Title _____
 Home/Cell Phone No. _____

DATE: _____
 Representative _____
 Representative Name _____
 Department/School _____

 Email _____

1. What is the action or situation about which you have a grievance?

Please select one: Discipline Termination Workplace Safety

Date of incident _____

Briefly describe the situation:

2. What do you think should be done about it?

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

4. Give name and title of your immediate supervisor or principal:

Name _____

Title _____

Grievant Signature

Return Completed Form to Employment Relations, Room 116