

**THE SCHOOL DISTRICT OF LEE COUNTY, FLORIDA
GRIEVANCE REPORT FORM**

Grievant(s): _____

EE ID #: _____

School/Department: _____

LOC #: _____

Job Title/Position: _____

JDE #: _____

Bargaining Unit: **SPALC** **or** **TALC**

Action: _____/_____/_____

Supervisor: _____

Filed: _____/_____/_____

Representative: _____

Hearing: _____/_____/_____

Level: **Informal** **Formal (Level I)** **Formal (Level II)** **Formal (Level III)**

Statement of Fact(s):

CBA Article(s) Grievied:

Impact Statement:

Relief Sought:

Disposition:

Immediate Supervisor or Superintendent's Designee

_____/_____/_____
Date of Response

CC: Immediate Supervisor
 Superintendent
 Legal Services
 Grievance File