

Appendix E

**Canton Teachers' Association
GRIEVANCE SUBMISSION FORM**

Filing at Level _____ *

Date: _____ Grievant: _____

Position: _____

Worksite: _____

Phone: _____ Email: _____

Date of alleged grievance or first knowledge: _____

Principal or Immediate Supervisor: _____

*If not filed first at Level I, state reason:

Nature of Grievance:

The Union charges that the employer, through its agents, violated the collective bargaining agreement between the parties, generally and specifically, including but not limited to Article(s) _____ when the employer, through its agents

Remedy:

The Union requests that the employer, and its agents, cease and desist from violating the contract, make the grievant(s) whole and provide any other appropriate relief. (List specific remedies.)

Grievant(s)

Date
