



**GRIEVANCE FORM**  
 MIAMI-DADE COUNTY PUBLIC SCHOOLS  
 1450 N. E. Second Avenue, Suite 552  
 Miami, FL 33132

**SAMPLE FORM**  
**Original can be obtained**  
**From the Office of Labor Relations**

DISTRIBUTION FOR LEVELS/STEPS I, II, III	
<u>Original to:</u>	Office of Labor Relations
<u>Copies to:</u>	Supervising Administrator Grievant Bargaining Agent Immediate Superintendent Associate Superintendent Chief Officer/Deputy Superintendent

<b>GRIEVANCE #</b> _____ Call Labor Relations (305-995-2373) for Grievance Number
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NAME OF GRIEVANT \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_  
 WORK LOCATION (Number) \_\_\_\_\_  
 (Name) \_\_\_\_\_  
 SUPERVISING ADMINISTRATOR (Name) \_\_\_\_\_  
 (Title) \_\_\_\_\_

DATE FILED \_\_\_\_\_  
 HOME TELEPHONE \_\_\_\_\_  
 EMPLOYEE NUMBER \_\_\_\_\_  
 DATE GRIEVANCE OCCURRED \_\_\_\_\_  
 UTD  AFSCME  DCSAA  DCSMEC  FOP

**LEVEL/STEP I** -- (INDICATE DECISION ON BACK AND FOLLOW DISTRIBUTION LIST)

**Statement of Grievance:** (Grievant must cite the specific Article and Section allegedly violated, misinterpreted or misapplied, along with basic facts regarding the action(s) or decision(s) that caused the grievance.)

**Relief Sought (Be Specific):**

Signature of Bargaining Agent Representative _____	Date _____	Signature of Grievant _____	Date _____
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**LEVEL/STEP II** -- (INDICATE DECISION ON BACK AND FOLLOW DISTRIBUTION LIST)

Date Appeal Filed \_\_\_\_\_

Signature of Grievant _____	Date _____
Signature of Bargaining Agent Representative _____	Date _____

- UTD - Immediate Superintendent/Work Location Supervising Administrator
- AFSCME - Immediate Director/Work Location Supervising Administrator
- DCSAA - Immediate Superintendent or designee
- DCSMEC - M-DCPS Supervisor of Step 1 Supervising Administrator
- FOP - Assistant Chief Division of School Police

**LEVEL/STEP III** -- (INDICATE DECISION ON BACK AND FOLLOW DISTRIBUTION LIST)

Date Appeal Filed \_\_\_\_\_

Signature of Grievant _____	Date _____
Signature of Bargaining Agent Representative _____	Date _____

- UTD - Superintendent or designee
- AFSCME - Assistant Superintendent, School Operations
- DCSAA - Deputy Superintendent or designee/ Appropriate Chief Officer or designee
- DCSMEC - Appropriate Chief Officer or designee
- FOP - Chief of School Police

ALL DOCUMENTS RELATED TO THIS GRIEVANCE MUST BE ATTACHED

**LEVEL/STEP I**

Date Meeting Held \_\_\_\_\_

**GRIEVANCE #** \_\_\_\_\_

Decision:

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*(PLEASE ATTACH STATEMENT IF ADDITIONAL SPACE IS NECESSARY)*

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Date

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Signature of Supervising Administrator

**LEVEL/STEP II**

Date Meeting (If Required) \_\_\_\_\_

Decision:

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*(PLEASE ATTACH STATEMENT IF ADDITIONAL SPACE IS NECESSARY)*

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Date

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Signature of Level/Step II Administrator

**LEVEL/STEP III**

Date Meeting Held (If Required) \_\_\_\_\_

Decision:

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*(PLEASE ATTACH STATEMENT IF ADDITIONAL SPACE IS NECESSARY)*

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Date

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Signature of Level/Step III Administrator