

ITA GRIEVANCE FACT SHEET

GRIEVANT _____

Cell Phone # _____

Personal Email Address _____

Work Site: _____

Grade Level/Subject: _____

What Happened?

Who was involved? (Provide names and titles, including witnesses)

When did it occur? (Provide date and time)

Where did it occur?

Why is this a grievance?

Specific article(s) of the ITA-IUSD Collective Bargaining Agreement that have been violated:

What resolution are you seeking?

Additional Comments:

Grievant's Signature: _____ Date: _____

Please submit the ITA Grievance Fact Sheet to:

Aisha Royal, ITA Grievance Chair

Email: royalaisha26@gmail.com