



**The School Board of Brevard County, Florida  
STEP I GRIEVANCE REPORTING FORM**

*INSTRUCTIONS: Please complete this form to notify the Office of Professional Standards & Labor Relations of any Step I grievance requests. This form to be completed by person hearing the Step I grievance.*

Name of Grievant: \_\_\_\_\_

Position Title: \_\_\_\_\_ Work Location: \_\_\_\_\_

Date of event giving rise to the grievance: \_\_\_\_\_  
*Date Time Location*

Date Step I Request Received: \_\_\_\_\_ Date of Step I Meeting: \_\_\_\_\_ Date of Decision Notice: \_\_\_\_\_

Contract Provision(s) Alleged Violated: Article \_\_\_\_\_ Section \_\_\_\_\_ Paragraph \_\_\_\_\_

*Description of Grievance:*

*Remedy Requested:*

*Decision of Administrator:*