



# RONDOUT VALLEY FEDERATION OF TEACHERS & SCHOOL-RELATED PROFESSIONALS

## RVF MEMBER GRIEVANCE FORM

### Member Information:

Employee Name: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Job Title/ Position: \_\_\_\_\_

Do you have tenure?            Y        N

Home email address: \_\_\_\_\_

Work email address: \_\_\_\_\_

Work phone extension: \_\_\_\_\_

### Date, time, and place of event leading to possible grievance:

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### Detailed account of occurrence (include names of persons involved):

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### Please state the contract provision that you feel has been violated (Please include Article number of the Contract):

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### Proposed solution to the grievance:

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The member should retain a copy of this form for his/her records and inter-office mail the original form to the RVF Grievance Chair. The RVF Grievance Chair will then contact you. The signature below indicates that you would like to file a grievance and any information herein is truthful.

\_\_\_\_\_  
RVF Member Signature

\_\_\_\_\_  
Date