



## United Teachers of Dade Pre-Grievance Form

Filing this form does **NOT** constitute a Grievance. Upon receipt of this form, your UTD Organizer will review the allegation and the evidence provided. If a violation can be established, the Organizer will attempt informal resolution as required by contract. Only after a violation has been established and informal resolution has failed will a Grievance be filed.

Member Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_

Member at time of incident:    Y        N        Join Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Telephone # \_\_\_\_-\_\_\_\_-\_\_\_\_ Work Telephone # \_\_\_\_-\_\_\_\_-\_\_\_\_ Ext \_\_\_\_\_

Cell Telephone # \_\_\_\_-\_\_\_\_-\_\_\_\_ E-Mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Work Location Name: \_\_\_\_\_

Position / Job Title: \_\_\_\_\_ M-DCPS Hire Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Building Steward: \_\_\_\_\_ Steward contacted:    Y        N

Supervising Principal/Administrator: \_\_\_\_\_ Wk Loc.# \_\_\_\_\_

**Contract Section Violated:** *(required)* Article: \_\_\_\_ Section: \_\_\_\_ Letter: \_\_\_\_

Date Grievance occurred: \_\_\_\_/\_\_\_\_/\_\_\_\_ *(required)* Date UTD Notified: \_\_\_\_/\_\_\_\_/\_\_\_\_

30<sup>th</sup> Working Day from Violation: \_\_\_\_/\_\_\_\_/\_\_\_\_

Nature of Violation: *(attach detail narrative)* \_\_\_\_\_

\_\_\_\_\_  
(required)

**Witnesses to violation or persons with pertinent information: (attach witness(es) statements with signature)**

Name: \_\_\_\_\_ Contact information: \_\_\_\_\_

Name: \_\_\_\_\_ Contact information: \_\_\_\_\_

Name: \_\_\_\_\_ Contact information: \_\_\_\_\_

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**Pertinent Evidence/Documentation:** *(please attach copies of all evidence)*

1) Date Generated: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Obtained by Grievant: \_\_\_\_/\_\_\_\_/\_\_\_\_

Generated By: \_\_\_\_\_ Received By: \_\_\_\_\_

Description: \_\_\_\_\_

Relevance to Grievance: \_\_\_\_\_  
*(Section required)*

2) Date Generated: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Obtained by Grievant: \_\_\_\_/\_\_\_\_/\_\_\_\_

Generated By: \_\_\_\_\_ Received By: \_\_\_\_\_

Description: \_\_\_\_\_

Relevance to Grievance: \_\_\_\_\_  
*(Section required)*

3) Date Generated: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Obtained by Grievant: \_\_\_\_/\_\_\_\_/\_\_\_\_

Generated By: \_\_\_\_\_ Received By: \_\_\_\_\_

Description: \_\_\_\_\_

Relevance to Grievance: \_\_\_\_\_  
*(Section required)*

**(Section Required)**

Informal resolution sought by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Informal resolution sought with: \_\_\_\_\_

Response from Administration: *(Please attach emails or detailed narrative of discussions)* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Relief sought to be discussed with UTD Organizer**