

GRIEVANCE RESPONSE FORM

CENTRAL CONSOLIDATED SCHOOLS & CCEA / NEA

TO: _____

RE: Grievance of _____
(Name)

Grievance received by undersigned _____
(Date)

DECISION:

(Supervisor/Superintendent/Board)

I certify that my response to the alleged grievance was delivered to the grievant.

Distribution required by the supervisor preparing the response:

Aggrieved

Supervisor

Director of Human Resources

Association President