TTUTA'S GRIEVANCE REPORT TEMPLATE



(For Association Use Only)

General Information	
School	District
Date	Time
Name of Staff Rep	
Phone	Email
Name of the Aggrieved Teacher	
TTUTA Number	Post Held
Phone	Email
Principal of the Aggrieved Teacher	
Phone	Email
What Happened	
When	
Where	
NA//	
Who	
What	
Why	
Notes	
Additional Documentation/Evidence	

Staff Rep	Recommendation
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Administration's Position

Relevant Background (History)

Witnesses(statements to be attached)				
Witness 1	Name	Phone	Post	
Witness 2	Name	Phone	Post	
Witness 3	Name	Phone	Post	

Why is it a Grievance? Clause of Collective agreement, Circular and/or Regulation violated

Desired Corrective Action (want)

Signature Staff Rep

Signature of the Aggrieved Teacher

Grievance Procedure	
FIRST STEP - Principal Time	Date
Resolution/Recommendation	
Name of Staff Pan	Signature Staff Don
Name of Staff Rep	Signature Staff Rep
SECOND STEP - School Supervisor Time	r I or II / Tobago SSIII Date
Resolution/Recommendation	
Name of DFO	Signature DFO
THIRD STEP - Supervisor III / Toba	go Chief Administrator Date
Resolution/Recommendation	
Name of IRO	Signature IRO

FOURTH STEP - Permanent Secre Time	etary / Tobago Chief Administrator Date
Resolution/Recommendation	
Name of IR Committee Member	Signature IR Committee Member
FIFTH STEP - Meeting with Chief F	
Time	Date
Resolution/Recommendation	
Name of IR Committee Member	Signature IR Committee Member
SIXTH STEP – Minister of Finance	· ·
Time	Date
Resolution/Recommendation	
Name of IR Dept. Member	Signature IR Dept. Member