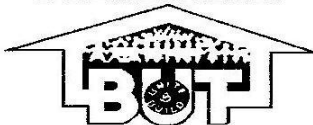


SOLIDARITY



THE BAHAMAS UNION OF TEACHERS

GRIEVANCE FORM

(Today's Date)

MEMBER'S NAME: _____ **Employee#:** _____

Workplace: _____

Telephone: _____ **(Work)** _____ **(Home)**

TYPE OF GRIEVANCE:	Personal ()	General ()	[Check One]
STATUS:	Priority ()	Urgent ()	Normal ()

PARTICULARS: *(Type of problem PLUS important details)*

(Please attach supporting documents)

REMARKS:

(Use the back of this sheet or additional paper if needed).

(Recorder's Signature)