Delta Teachers' ASSOCIATION

GRIEVANCE—STEP 1 REPORT

Form to be completed by the Staff Rep and Grievor

Please fill this out together and submit it to the DTA office immediately after the Step One Meeting.

Grievor: _____

Staff Rep: _____

Worksite: _____

Assignment: _____

Nature of Grievance: *Describe the issue in detail, including who, when, where, what, and why.*

Collective Agreement Article(s) Believed to be Violated:

Step One Meeting Date: _____

In Attendance: _____

Resolved: ◯ Yes ◯ No

If **"Yes"**, please state the resolutions. If **"No"**, provide the employer's position and notes from the meeting.

Copies should be sent to DTA Office, Staff Rep, Grievor