

LEVEL II GRIEVANCE



PORTLAND
ASSOCIATION
OF TEACHERS

GRIEVANCE NUMBER: _____ (Obtain from PAT)

TO: _____
(Immediate Supervisor)

DATE: _____

GRIEVANT/S: _____

SITE/DEPT: _____

EMAIL: _____

PHONE: _____

DESCRIPTION/CONTRACT PROVISIONS VIOLATED

REMEDY/RESOLUTION SOUGHT

Email this form to your immediate administrator, your PAT Building Representative and the PAT Advocacy Committee (PATGrievances@OregonED.org).

PAT-PPS Contract Section 5.4.1.3: 5.4.2.4: "If the grievance is not settled at Level II, Step 2, a copy of the decision of the Chief Human Resources Officer, or designee shall be submitted to the Superintendent and the Board of Education."