

APPENDIX  
SCHOOL DISTRICT OF OKALOOSA COUNTY

**Official Grievance Form - OESP**

Name: \_\_\_\_\_

Worksite: \_\_\_\_\_ Assignment: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_

A. Date Cause of Grievance Occurred: \_\_\_\_\_

B. Relates to what section of Contract: \_\_\_\_\_

C. Statement of Grievance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

D. Relief Sought: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Sequence**

Step I Date Submitted: \_\_\_\_\_ Date of Disposition: \_\_\_\_\_

Summary of Disposition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Step II: Date Submitted: \_\_\_\_\_ Date of Disposition: \_\_\_\_\_

Summary of Disposition (see attached): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

CC: Copy to Immediate Supervisor

Copy to Grievant

Copy to OESP (Grievant's Responsibility)

Grievance No. 2025-1