INTAKE FORM:

NAME OF TEACHER: ___________________________  BUILDING: _______________________

SUBJECT: ________________________________  DATE OF ISSUE: _________________

Nature of issue/concern that needs to be addressed:

Potential contract articles violated? __________________  __________________

Has the building administrator/director/chairperson been contacted by the teacher?  
YES / NO  Date _________________

Has administration been contacted by a PMCT Building Representative? YES / NO  
If Yes, By Whom? __________________________  Date _________________

________________________________________  ___________________  
Teacher’s signature  Date

________________________________________  ___________________  
Building Representative’s signature  Date

(Please have the teacher providing this information read and sign this form as to its accuracy and 
give him/her a copy. The PMCT Building Rep. who is taking the information, should sign 
and date where indicated and forward it to their Level Vice-President ASAP. 
If necessary, it will then be forwarded the PMCT Grievance Chairperson – Kevin Toolan.)

If any grievance needs to be filed, it must be done so no later than forty school days 
from date of issue / by __________________.  

Date

________________________________________  
Grievance Chairperson