

COACHELLA VALLEY UNIFIED SCHOOL DISTRICT CERTIFICATED GRIEVANCE FORM

Grievance number: (your initials and the date, as in CC041612)

Grievant(s) name: (anyone wanting to receive the relief sought...make sure to never put anyone that didn't ask to be included)

Date Grievance occurred: (the first day you noticed the violation...I use "ongoing" a lot if it is something repetitive)

Statement of Grievance: (describe what is happening in detail...try not to use opinions)

Contract Article(s) alleged to have been violated: (copy and paste the actual articles from our contract)

Relief sought: (describe what you would like to happen either so there is not another violation, or in the case that it happens again...be careful what you ask for here)

Level I: Immediate Supervisor (who you are filing with, usually your principal)

Date filed with Immediate Supervisor: (the date you turn it in...get the site secretary to date stamp two copies, one for you)

Immediate Supervisor's signature:

Decision by Immediate Supervisor:

Date Level I response received by Grievant: _____

Grievance resolved: _____ **Decision appealed:** _____

Signature of Grievant: _____