

**COACHELLA VALLEY UNIFIED SCHOOL DISTRICT
CERTIFICATED GRIEVANCE FORM**

Grievance number: _____

Grievant(s) name: _____

Date Grievance occurred: _____

Statement of Grievance:

Contract Article(s) alleged to have been violated:

Relief sought:

Level I: Immediate Supervisor: _____

Date filed with Immediate Supervisor: _____

Immediate Supervisor's signature: _____

Decision by Immediate Supervisor:

Date Level I response received by Grievant: _____

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

Signature of Grievant: _____