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: _____________________