

PAJARO VALLEY UNIFIED SCHOOL DISTRICT
GRIEVANCE PROCEDURE

GRIEVANCE FORM

DIRECTIONS: This form is to be completed by the grievant. Use TAB key to move to next field.

1. _____
NAME (Last, First Middle)

2. _____
MAILING ADDRESS HOME PHONE

3. _____
REPRESENTATIVE (if any) SCHOOL GRADE/SUBJECT

4. DATE GRIEVANCE OCCURRED: _____ DATE OF INFORMAL CONFERENCE: _____

5. GRIEVANCE DESCRIPTION:

6. CONTRACT PROVISION(S) VIOLATED, MISAPPLIED OR MISINTERPRETED

Including, but not limited to:

ARTICLE	ITEM	PAGE	LINE
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7. SPECIFIC REMEDY SOUGHT:

8. CONFERENCE REQUESTED: YES NO

RECEIPT OF THIS GRIEVANCE MUST BE PROMPTLY ACKNOWLEDGED.

9. RECEIVED BY:

Name/Title

Date Received

10. DATE RETURNED TO GRIEVANT:

LEVEL I II III