

MT. DIABLO UNIFIED SCHOOL DISTRICT

GRIEVANCE FORM

FORMAL GRIEVANCE - STEP 1

Grievant's name \_\_\_\_\_ Date \_\_\_\_\_ (To be given to Supervisor on this date)

\_\_\_\_\_ School/Department \_\_\_\_\_ Position/Title \_\_\_\_\_ Supervisor Name and Title

Date Grievance occurred \_\_\_\_\_

Provision of contract violated

Article #(s) \_\_\_\_\_ Article title(s) \_\_\_\_\_

Section #(s) \_\_\_\_\_ Section title(s) \_\_\_\_\_

Informal discussion(s)

Date(s) \_\_\_\_\_

MDEA Representative \_\_\_\_\_

Statement of Grievance issue(s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Remedy(s) sought \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Initiated by \_\_\_\_\_ (Signature of Grievant) \_\_\_\_\_ Date \_\_\_\_\_

Represented by \_\_\_\_\_ Date \_\_\_\_\_

\*Immediate Supervisor: Upon completion of this section, disperse **immediately** as follows

White	- Asst Supt /Personnel Services
Canary	- Immediate Supervisor
Pink	- MDEA
Goldenrod	- Grievant