## Mt. Diablo Unified School District

## **CLASS SIZE GRIEVANCE FORM**

## FORMAL GRIEVANCE - STEP 2 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/Remedies Sought: Initiated by: \_\_\_\_\_ Date: \_\_\_\_\_ (Signature of Grievant) Represented by: \_\_\_\_\_\_ Date: \_\_\_\_\_

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

White - Asst. Supt./Personnel Services

Canary - Immediate Supervisor

Pink - MDEA

Golden -- Grievant