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 -- Aest. Supt./Personnel Services
Canary -- Immediate Supervisor
Pink -- MDEA
Golden -- Grievant