ALAMEDA UNIFIED SCHOOL DISTRICT

GRIEVANCE FORM

Grievant's Name School Home Phone

Immediate Supervisor

1. Contract Provision Violated (Number of Section):

2. Statement of Grievance (Please indicate names, location, time, etc.):

3. Remedy Sought:

4. Date of Prior Discussion With Supervisor:

Association Representative(s): By my signature, I verify that I attempted to (if applicable) solve this Grievance by discussing it with my Immediate Supervisor.

_____

Date: _____ _____ Grievant's Signature

Date Received by Immediate Supervisor:_____

(Please use other side, if necessary)

Send a completed copy to the Association and District Office

Personnel Services 12/84