

SUTTER COUNTY SUPERINTENDENT SCHOOLS

CLASSIFIED GRIEVANCE FORM

(Note: If at any stage of processing the grievance additional space is needed, please attach papers to this form.)

ORIGINAL FORM TO REMAIN IN OFFICE GRIEVANCE FILE
PHOTOCOPIES WILL BE PROVIDED GRIEVANT(S)

Full Name of Grievant(s) _____

I / We authorize _____ to file a grievance on my/our behalf.

Dated : _____

Date of Filing : _____

List the specific section of the Agreement that allegedly has been violated by Article Number and Subsection:

(1) _____ (2) _____

Write a statement describing how the County Office is alleged to have violated, misinterpreted, or misapplied the provision(s) of the contract. Be specific and include names, dates, places and occurrences or non-occurrences necessary for a complete understanding of the alleged grievance. *(Use extra sheets of paper if necessary and attach.)*

What is your desired solution? _____

Informal problem solving conference held on _____ at _____.
Date Time

Who was involved? List names and titles.

_____, _____
_____, _____
_____, _____

Proposed Solution : _____

Decision of Site Administrator : _____

Date : _____ Time : _____

(Attach any written decision.)

Decision of Director : _____

Date : _____ Time : _____

(Attach any written decision.)

Decisions Satisfactory _____
Signature of Grievant(s)
_____ Date : _____

Decisions Unsatisfactory; appealed to County Superintendent of Schools

Signature of Grievant(s)
_____ Date : _____

Reason : _____

