

**SUTTER COUNTY SUPERINTENDENT SCHOOLS**

**CERTIFICATED 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.)*

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What is your desired solution? \_\_\_\_\_

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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 : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_