



San Diego City Schools
 Labor Relations Department
 4100 Normal Street, Room 1202
 San Diego, CA 92103-2682

Grievance Form
 (Classified Employees)

- Operations/Support Unit Paraprofessional Unit
 Office Technical Unit Peace Officers Unit

Grievant Name: _____ Date Filed: _____

School/Department: _____ Job Title: _____

Alleged violation of Article(s) : _____

Describe the specific grounds for your grievance (Must include dates, names, and places necessary for complete understanding). Include specific remedy sought.

See Attachment (if applicable)

Identify specific date(s) on which informal resolution discussion(s) occurred between employee and immediate supervisor: _____

Name of Designated Representative, if any: _____

Grievant Signature(s): _____ Date: _____

Date received by Principal/Department Head: _____

Dates(s) conference(s) held: _____

Proposed response to grievance (To be filled out by Principal/Department Head):

Grievant checks one Resolved Unresolved

 Grievant Signature(s) Date

 Principal/Dept. Head Date

(NOTE: If resolved, Principal/Department Head distributes copies as shown below. If unresolved and employee wishes to appeal, Grievant or Representative must complete form, attach proof of service affidavits to each copy, and distribute as shown below).

I hereby appeal this grievance to Step 3 (Formal - District Level). List reason(s) why Principal/Department Head's proposed resolution was unacceptable.

Grievant Signature(s): _____ Date: _____

*Grievances and responses to grievances, with proof of service attached, shall be distributed as follows:
 Original to Labor Relations Department and copies to Grievant and Bargaining Unit Representative