



San Diego Unified School District
San Diego Education Association



GRIEVANCE FORM

Grievant Name:	
Date Filed:	
School/Department:	Job Title:
Name of Designated Representative:	

Identify date(s) of informal discussions between employee and immediate supervisor:

Alleged contract violation(s): Including, but not limited to, Article

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

(see attached)

Grievant Signature: _____ Date _____

Date received by Principal/Supervisor: _____ Rcvd. By: _____

Date(s) conference held: _____

Step 2 response to grievant (To be filled out by Principal/Supervisor & returned to SDEA).

Principal's/Supervisor Signature: _____ Date: _____

I hereby appeal this grievance to Step 3* (Formal - District Level).

Grievant's Signature(s) _____ Date: _____

*Grievances and responses to grievances, with proof of service attached, shall be distributed as follows: 1) SDEA; 2) Grievant; 3) Principal/Supervisor; 4) Employee Relations Department