Claremont Unified School District

Formal Written Grievance

To: ___________________________ Date Filed: ___________________________

1) Name of Grievant: ___________________________ Certificated: _______
   Classified: _______

2) School/Department: ___________________________ Assignment: __________

3) Date(s) of Informal Conference with Immediate Supervisor: __________

   __________________________________________________________________

4) Description of Alleged Contract Violation
   Contract Article and Section Violated: ___________________________

   Date and Time of Violation: ______________________________________

   Statement of Circumstances: ______________________________________

   __________________________________________________________________

   __________________________________________________________________

   __________________________________________________________________

   __________________________________________________________________

   Adverse Effect on Grievant: ______________________________________

   __________________________________________________________________

5) Description of the Decision Rendered at Informal Conference: __________

   __________________________________________________________________

   __________________________________________________________________

6) Specific Remedy Sought by Grievant: ________________________________

   __________________________________________________________________

   __________________________________________________________________

7) Signature of Grievant: ____________________________________________

   ___________________________

Distribution: Immediate Supervisor Date Received: ___________________________
Asst. Supt., Human Resources Date Received: ___________________________
Grievant