

CERTIFICATED

Informal ___
Level 1 ___
Level 2 ___
Level 3 ___
Level 4 ___
(Check One)

Colton Joint Unified School District Grievance Form
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Grievant (s) _____ School/Work Station: _____

To Whom Directed (Name): _____

Date Filed/Received: _____ Accepted by: _____

The count of the working days shall begin on the day following the date of receipt.

Grievance: Specify in writing the contract provision allegedly misinterpreted or improperly applied: **Be Specific.**

Remedy Requested:

Signature of Grievant/Rep* Date Signature of Administrator* Date

Decision of Appropriate Administrator: Specify the rationale for the decision rendered

Signature of Administrator* Date Signature of Grievant/Rep* Date
*Signature indicates attendance at meeting, not acceptance of decision

- Copies to
- 1) Principal, Supervisor, or other person to whom directed
 - 2) Assistant Superintendent, Personnel
 - 3) Grievant-Following completion at each level
 - 4) Grievant-retain bottom copy prior to filing