



San Diego Unified School District
San Diego Education Association



GRIEVANCE FORM

Grievant Name:
School/Department:

Date Filed:
Job Title:

Name of Designated Representative:

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

Alleged contract violations(s):

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

Remedy:

Grievant Signature(s) _____ Date _____

Date received by Principal/Supervisor _____ Rcvd. By _____

Date(s) conference held _____

Step 2 response to grievance (To be filled out by Principal/Supervisor and return to SDEA):

Principal's/Supervisor's 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) Labor Relations Department