

SANTA RITA SCHOOL DISTRICT

GRIEVANCE FORM

Name: _____ Date: _____

Classification: _____ Work site: _____

Date of Occurrence of Alleged Grievance: _____

Specific Section(s) of Agreement Alleged to Have Been Violated:

Informal Conference Date: _____ Supervisor: _____

Decision Rendered at Informal Conference:

Clear, Concise Statement of the Grievance and the Circumstances Involved: *(Attach extra sheet if needed)*

Specific Remedy Sought:

Date Received: _____