

ORANGE COUNTY DEPARTMENT OF EDUCATION

GRIEVANCE PROCEDURE FORM – LEVEL 1
(Grievant's Initial Submission of Grievance to Immediate Supervisor)
Classified and Certificated

Date: _____

Name of Grievant (Last, First, Middle): _____

Signature of Grievant: _____

School/Work Location: _____

Assignment: _____

Name of Representative, if any: _____

Name of Immediate Supervisor: _____

Date Alleged Grievance Occurred: _____

Provision(s) of the Agreement alleged to have been violated: (State the section number(s), page number(s), and line number(s) of the Agreement which is alleged to have been violated.)

Specific Grounds of the Grievance: (Describe the specific grounds of the grievance, including provision(s) of the Agreement alleged to have been violated; how the grievant is adversely affected by the alleged violation, and the names, dates and places necessary for a complete understanding of the grievance. Additional pages may be attached to each copy of this form if more space is required.)

Reasons Proposed Resolution is Unacceptable: (State the specific reasons why the immediate supervisor's proposed resolution of the grievance at the informal level is unacceptable.)

Action(s) Requested to Resolve the Grievance: (State the specific action(s) requested of the Department which is expressly provided for in the Agreement and which will resolve the grievance.)