

GRIEVANCE PROCEDURE – INFORMAL LEVEL

The purpose of completing and signing this form is to assure that the grievant shall make a reasonable attempt to resolve the grievance by an informal conference with his/her immediate supervisor.

Name of grievant (please print) _____

Name of supervisor _____ Work location _____

Date informal meeting was requested _____

Date of informal meeting _____

Time: From _____ To _____

Topic discussed _____

Location of meeting _____

Date

Signature of Grievant

Date

Signature of Supervisor

Distribution of copies:
One copy retained by grievant
One copy retained by supervisor

Baldwin Park Unified School District

GRIEVANCE FORM – LEVEL 1

Instructions to Grievant: All portions of this section and any documents in support of your grievance must be completed in quadruplicate. Retain one copy for your records and give the original and two copies to your immediate supervisor.

Name of grievant (please print) _____ Specific job title _____

Immediate supervisor _____ Work location _____

By whom are you represented: Self [] Other [] Name _____

Date(s) of Informal Level meeting _____ (Attach P23a form. Grievance will not be processed without an informal meeting and record of the meeting.)

Result of Informal Level meeting _____

Statement of grievance _____

Circumstances involved (date, time, names, places, events, facts, etc.) _____

Specific provision(s) of the Contract alleged to have been violated (Article and Section numbers) _____

Date of alleged violation _____

Specific relief sought _____

_____ Date

_____ Signature of Grievant

_____ Employee Organization

Instructions to Immediate Supervisor: Complete your response. Retain original and return a copy with your response to the grievant. Send the third copy to the Assistant Superintendent, Human Resources.

Date formal grievance received by supervisor _____

Was grievance submitted within time limits (30 days) set forth in the Agreement? _____ Yes _____ No

Response to the grievance (within 5 days) _____

(Attach additional page if necessary)

_____ Date

_____ Signature of Supervisor

Baldwin Park Unified School District
GRIEVANCE FORM – LEVEL 2
APPEAL TO SUPERINTENDENT OR DESIGNEE

Instructions to Grievant: Complete the upper portion in triplicate and retain a copy for your records. Forward the original and one copy to the Assistant Superintendent, Human Resources. All of the written information presented at Level 1 and a copy of the reply given by the supervisor at Level 1 should be attached in triplicate.

Name of grievant (please print) _____

Name of supervisor to whom grievance was filed on Informal Level and Level 1 _____

COPY OF INITIAL GRIEVANCE MUST BE ATTACHED (forms P-23a and P-23b).

Clear, concise reason for appeal (attachment permissible) _____

Specific relief sought _____

_____ Date

_____ Signature of Grievant

_____ Employee Organization

ADMINISTRATOR'S RESPONSE

Date appeal received by Human Resources _____

Was appeal filed timely (within 10 days)? _____ Yes _____ No

Response to the appeal _____

_____ Date

_____ Signature of Assistant Superintendent, Human Resources
or Designee

_____ Title