

MT. DIABLO UNIFIED SCHOOL DISTRICT

GRIEVANCE FORM

FORMAL GRIEVANCE - STEP 1

Grievant's name _____ Date _____
(To be given to Supervisor on this date)

_____ School/Department _____ Position/Title _____ Supervisor Name and Title _____

Date Grievance occurred _____

Provision of contract violated

Article #(s) _____ Article title(s) _____

Section #(s) _____ Section title(s) _____

Informal discussion(s)

Date(s) _____

MDEA Representative _____

Statement of Grievance issue(s) _____

Remedy(s) sought _____

Initiated by _____ Date _____
(Signature of Grievant)

Represented by _____ Date _____

***Immediate Supervisor:** Upon completion of this section, disperse **Immediately** as follows

White	- Asst Supt /Personnel Services
Canary	- Immediate Supervisor
Pink	- MDEA
Goldenrod	- Grievant