

MT. DIABLO UNIFIED SCHOOL DISTRICT

GRIEVANCE FORM

FORMAL GRIEVANCE - STEP 1

IMMEDIATE SUPERVISOR'S RESPONSE

Within 10 work days after the initiation of the formal grievance, the immediate supervisor shall investigate the grievance and give his/her decision in writing to the grievant

Grievant's Name _____

School/Department _____

Statement of response. _____

(Signature of Immediate Supervisor) Date _____

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

| | |
|--------|---|
| White | - Asst Supt /Personnel Services |
| Blue | - Immediate Supervisor |
| Green | - MDEA |
| Canary | - Grievant (For file) |
| Pink | - Grievant (Complete below and send to Asst Supt /Personnel Services) |
| Golden | - Grievant (Complete below and send to MDEA) |

I accept this decision

I appeal this decision

Signature of Grievant Date _____