



Santa Maria Joint Union High School District and California School Employees Association, Central Coast #455



GRIEVANCE FORM

GRIEVANT NAME(S): \_\_\_\_\_

DATE PRESENTED AT LEVEL 1 (Informal): \_\_\_\_\_

PEOPLE PRESENT AT LEVEL 1 MEETING: \_\_\_\_\_

VIOLATIONS ALLEGED (Agreement Article/Section): \_\_\_\_\_

DATE(S) OF ALLEGED VIOLATION(S): \_\_\_\_\_

ALLEGED VIOLATION(S) CIRCUMSTANCES:

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REMEDY SOUGHT:

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

GRIEVANCE FILED BY:

\_\_\_\_\_  
Signature of Grievant or Association Representative

DATE: \_\_\_\_\_

\_\_\_\_\_  
Printed Name

Responses at all levels of the grievance must be in writing and attached to this form. Please refer to Article 13 of the collective bargaining agreement between CSEA and the District for all pertinent timelines.