



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



GRIEVANCE FORM

GRIEVANT NAME(S): _____

DATE PRESENTED AT INFORMAL PROBLEM SOLVING: _____

PEOPLE PRESENT: _____

DATE PRESENTED AS LEVEL 1: _____

DATE of LEVEL 1 MEETING: _____

PEOPLE PRESENT AT LEVEL 1 MEETING: _____

DATE PRESENTED AS LEVEL 2: _____

DATE of LEVEL 2 MEETING: _____

PEOPLE PRESENT AT LEVEL 2 MEETING: _____

DATE MEDIATION REQUESTED: _____

DATE ARBITRATION REQUESTED: _____

VIOLATIONS ALLEGED (Agreement Article/Section): _____

DATE(S) OF ALLEGED VIOLATION(S): _____

ALLEGED VIOLATION(S) CIRCUMSTANCES:

REMEDY SOUGHT:

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.