

SAN PASQUAL VALLEY UNIFIED SCHOOL DISTRICT
Grievance Report

Name of Grievant: _____

Date filed _____

Distribution of Form:

Association President

Grievant Immediate Supervisor

Grievant

Superintendent or Designee

Date alleged violation occurred _____

Section(s) of Agreement alleged to have been violated _____

Statement of Grievance

Relief Sought

Date: _____

Signature of Grievant/ SPTA Unit Member

Decision of Immediate Supervisor At Level I and REASONS THEREFORE _____

Date _____

Signature of Immediate Supervisor/SPTA Unit Member

I, the Grievant, received a copy of this decision by the Administration at Level I of the Grievance procedure
this ____ day of _____, 20 ____.

Signature of Grievant/SPTA Unit Member

SAN PASQUAL VALLEY UNIFIED SCHOOL DISTRICT
Grievance Report

Name of Grievant: _____

Date filed _____

Distribution of Form:

Association President

Grievant Immediate Supervisor

Grievant

Superintendent or Designee

Date alleged violation occurred _____

Section(s) of Agreement alleged to have been violated _____

Statement of Grievance

Relief Sought

Date: _____

Signature of Grievant/ SPTA Unit Member

Decision of Immediate Supervisor At Level II and REASONS THEREFORE _____

Date _____

Signature of Immediate Supervisor/SPTA Unit Member

I, the Grievant, received a copy of this decision by the Administration at Level II of the Grievance procedure
this ____ day of _____, 20 ____.

Signature of Grievant/SPTA Unit Member

SAN PASQUAL VALLEY UNIFIED SCHOOL DISTRICT

Grievance Report

Name of Grievant: _____

Date filed _____

Distribution of Form:

Association President

Grievant Immediate Supervisor

Grievant

Superintendent or Designee

Date alleged violation occurred _____

Section(s) of Agreement alleged to have been violated _____

Statement of Grievance

Relief Sought

Date: _____

Signature of Grievant/ SPTA Unit Member

Decision of Immediate Supervisor At Level III and REASONS THEREFORE _____

Date _____

Signature of Immediate Supervisor/ SPTA Unit Member

I, the Grievant, received a copy of this decision by the Administration at Level III of the Grievance procedure
this ____ day of _____, 20 ____.

Signature of Grievant/ SPTA Unit Member