

APPENDIX E: LEVEL I GRIEVANCE FORM

1.	Grievant:		
2.	Address:	Home	
		Phone:	
3.	Work Site:	Work	
		Phone:	
4.	Supervisor:	Title:	
5.	Employee Representative:	Phone:	
	Date Incident(s) Occurred:		
7.	Brief Statement of		
	Incident(s):		
8.	Contract Provisions Violated,		
	Misapplied, or Misinterpreted:		
9.	Specific Remedy		
	Sought:		
			_
10	A conference is recovered with the District	VEC	NO
10	A conference is requested with the District	YES	NO
Designee:		Date:	
Grievant's Signature: Received by District		Date: Date:	_
Designee:		Date.	
DC	<u> </u>		

Grievance Tracking Form Attached

Notes:



Grievance Tracking Form

Grievant Name:	Superv	isor:			
Date of Informal Grievance					
Meeting:					
Description of					
Issue:					
Outcome of					
Meeting:					
Grievant	Date:				
Signature:					
Supervisor	Date:				
Signature					
Level I (Attach Grievance Form)					
Supervisor's					
Decision:					
Signature:	Title:	Date:			
Level II Appeal (Attach	Date Received:				
Grievance Form, CSEA Response					
Level I)					
Manager's					
Decision:					
Signature:	Date:				
Level III or IV Appeal (Attach Grie	vance Form and CSFA	Date			
Response to Level II)	valice I offit and CSL/1	Received:			
Decision:		Received.			
Decision.					
Signature:	Title:	Date:			
Level V Appeal: Arbitration (Attach	Griavanca Form and CSEA	Pasponsa to Laval III/IV)			
Attach Arbitrator's	Date of	(Response to Level III/1V)			
Recommendation(s)	Hearing:				
Recommendation(s)	Treating.				
Alternate Level V Appeal: Mediation (Attach Grievance Form and CSEA Response to Level III/IV)					
Attach Recommendation(s)	Date of				
``	Mediation:				
Einel Desires have D. 1. C.	Marking Date				
Final Review by the Board of	Meeting Date:				
Trustees					

G -	-
-----	---



ttach Board of Trustee's Decision gnature:	Title:	Date:
Notes:		