

Appendix H

Grievance Form

APPENDIX H

Grievance Level 1 _____

Grievance Level 2 _____

Time Stamp

ANTELOPE VALLEY UNION HIGH SCHOOL DISTRICT
LEVEL 1-2 GRIEVANCE

NO.

DATE FILED:

NAME:

SCHOOL:

ASSIGNMENT:

DATE GRIEVANCE OCCURRED:

Complete the sections below. If more space is needed, please attach additional sheets. Be sure to number the pages and identify the section to which you are responding.

1. Article(s) and Section of the Agreement alleged to have been violated:

1. Statement of Grievant:

2. Relief Sought:

Date

Grievant

Date

Site Administrator/Superintendent or Designee

Distribution: District Personnel Services Office, Association, Immediate Supervisor, Unit Member

2/99