

LEVEL I GRIEVANCE FORM

**San Bernardino City Unified School District
EMPLOYEE RELATIONS DEPARTMENT**

Exclusive Representative: SBTA CSEA CWA SBSPOA

To: _____
SBTA, CSEA and SBSPOA submit to your immediate supervisor, CWA submit to Certificated Human Resources

Name: _____ **Work Location:** _____ **Job Title:** _____

Date of Informal Meeting: _____

Article(s) and Section Number(s) of Alleged Violation(s)

Statement of Grievance

Resolution or Remedy Sought:

Date: _____

Signature: _____

Immediate Supervisor's Response:

Date: _____

Signature: _____