

# LEVEL II GRIEVANCE FORM

San Bernardino City Unified School District  
EMPLOYEE RELATIONS DEPARTMENT

Exclusive Representative:  SBTA     CSEA     CWA     POA  
(Please attach copy of Level I grievance and response and any other relevant materials.)

To: Employee Relations Department

**“If the grievance is not resolved at Level I, a written notice of appeal to Level II shall be served by the grievant to the District within ten (10) days following disposition of the grievance in Level I.” *Certificated Agreement, Article XXIV, Section 3; Classified Agreement, Article XVIII, Section 3; CWA Agreement, Article X, Section 3; POA Agreement, Article XVI, Section 3.***

Name \_\_\_\_\_ Work Location \_\_\_\_\_ Job Title \_\_\_\_\_  
(if applicable)

Date of Informal Meeting: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

The grievance was unresolved at Level I for the following reason:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Level II Response:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Distribution of Copies After Grievance Answered:

White – Immediate Supervisor    Green – Grievant    Canary – Association    Pink – Employee Relations  
Goldenrod – Grievance Representative