



OXNARD SCHOOL DISTRICT

1051 South "A" Street • Oxnard, California 93030 • 805/385-1501 • www.oxnardsd.org

CALIFORNIA SCHOOL EMPLOYEES' ASSOCIATION (CSEA)

LEVEL 1: EMPLOYEE GRIEVANCE FORM

1. NAME OF GRIEVANT: _____
2. DATE GRIEVANCE FILED: _____
3. WORK LOCATION: _____
4. POSITION: _____
5. ADMINISTRATOR ALLEGED TO HAVE VIOLATED THE CONTRACT: _____

6. STATEMENT OF GRIEVANCE (Include contract provision[s] allegedly violated; summarize violation, location, date[s], witness [es], times).
GRIEVANT ALLEGES: _____

7. REMEDY REQUESTED: _____

8. WAS THERE AN INFORMAL CONFERENCE? YES DATE _____
PERSON(S) PRESENT: _____

DECISION OF INFORMAL CONFERENCE: _____
IF NO , INDICATE REASON: _____

9. ASSOCIATION REPRESENTATIVE (If applicable) _____

SIGNATURE: _____ DATE: _____

Distribution: Assistant Superintendent, HR Grievant Administrator CSEA President