

WASHINGTON UNIFIED SCHOOL DISTRICT
CERTIFICATED GRIEVANCE FORM – FORMAL RESOLUTION
LEVEL 1

Grievant's Name and Injured Party: _____

Grievant's Work Site: _____

Statement of Grievance:

The District violated sections of the Agreement, including but not limited to, ARTICLE _____, when, _____, (Title)

Informal Conference:

An informal conference was held on _____ with _____, the grievant and _____ (site rep).

A response in writing from _____ was received _____ in which he /she states that the District _____ We do not agree. We contend (believe) _____

Specific Remedy Sought:

The grievant seek _____

Date submitted _____

Grievant's Signature _____