

CONFIDENTIAL
HESPERIA TEACHERS' ASSOCIATION/HESPERIA UNIFIED SCHOOL DISTRICT

GRIEVANCE FORM – LEVEL ONE-FILE WITHIN 30 DAYS OF ACTION

SUBMISSION OF COMPLAINT - All of this section must be completed by the grievant.

Grievant's Name: _____ **Site:** _____

Statement of Grievance: _____

Specific provision(s) of the contract agreement alleged to have been violated (cite article number(s) and section(s)):

Remedy Sought: _____

Signature of Grievant _____ **Date** _____

Signature of H.T. A. President _____ **Date** _____

APPROPRIATE ADMINISTRATOR'S RESPONSE WITHIN 15 DAYS AFTER RECEIVING THIS DOCUMENT:

Signature _____ **Date** _____

CONFIDENTIAL

HESPERIA TEACHERS' ASSOCIATION/HESPERIA UNIFIED SCHOOL DISTRICT

GRIEVANCE FORM-LEVEL TWO-FILE WITHIN 15 DAYS OF RECEIPT OF DECISION

APPEAL TO THE SUPERINTENDENT- All of this section must be completed by the grievant. Level One must be attached.

Grievant's Name: _____ **Site:** _____

Reason for Appeal: _____

Remedy Sought: _____

Signature of Grievant _____ **Date** _____

Signature of H.T.A. President _____ **Date** _____

SUPERINTENDENT RESPONSE WITHIN 15 DAYS: _____

Signature _____ **Date** _____

Revised4/2011

CONFIDENTIAL
HESPERIA TEACHER'S ASSOCIATION/HESPERIA UNIFIED SCHOOL DISTRICT

GRIEVANCE FORM-LEVEL THREE-FILE WITHIN 15 DAYS OF RECEIPT OF SUPERINTENDENT'S DECISION

SUBMISSION TO SCHOOL BOARD
Level One and Level Two must be attached.

Grievant's Name: _____ Site _____

Reason for Request _____

Remedy Sought: _____

Signature of Grievant _____ Date _____

Signature of H.T.A. President _____ Date _____

CONFIRMATION OF SCHOOL BOARD HEARING—10 DAYS IN ADVANCE OF HEARING

DATE OF HEARING _____ TIME: _____

LOCATION: _____

Signature of Superintendent: _____ Date _____

CONFIDENTIAL
HESPERIA TEACHERS' ASSOCIATION/HESPERIA UNIFIED SCHOOL DISTRICT

GRIEVANCE FORM - LEVEL FOUR--10 DAYS AFTER RECEIPT OF SCHOOL BOARD DECISION

REQUEST FOR MEDIATION FROM CALIFORNIA/CONCILIATION SERVICE

Grievant's Name _____ Site _____

Reason for Request from the California/Conciliation Service:

Signature of Grievant _____ Date _____

Signature of H.T.A. President _____ Date _____

CONFIRMATION OF GRIEVANT'S APPEAL TO THE CALIFORNIA STATE MEDIATION/CONCILIATION SERVICE

Date: _____ Time: _____ Location: _____

Signature of Superintendent: _____ Date _____

If not resolved, may be terminated within 10 days from the first meeting to be held

