

GRIEVANCE REPORT FORM (Certificated Employees)
COMPTON UNIFIED SCHOOL DISTRICT
 OCP Form 135 (Rev. 1/92)

DISTRIBUTION: White - Teacher - Association
 After all steps Canary - Principal or Immediate Supervisor
 are completed Pink - Area Superintendent

NAME OF GRIEVANT _____ SITE _____ ASSIGNMENT _____ DATE FILED _____

STEP 1

- A. Date cause of grievance occurred or was first known _____
 B. Statement of grievance
 1. Description of incident: _____

 2. Specific written policy rules or contract article and section which are alleged to have been violated:

 C. Relief sought _____

DATE _____ SIGNATURE OF GRIEVANT _____

- D. Disposition by the principal _____

DATE _____ PRINCIPAL'S SIGNATURE _____

- E. Position of grievant and/or association _____

DATE _____ SIGNATURE OF GRIEVANT _____

STEP 2

- A. Date received by Administrator-Secondary/Elementary or Assistant Superintendent-Educational Services or Assistant Superintendent-Vocational Career Education _____

- B. Disposition by Administrator(s) _____

DATE _____ ADMINISTRATOR'S SIGNATURE _____

- C. Position of grievant and/or association _____

DATE _____ SIGNATURE OF GRIEVANT _____

STEP 3

- A. Date submitted to advisory review panel via Superintendent _____
 B. Advisory Review Panel Members
 1. Chosen by Grievant _____
 2. Chosen by Superintendent or Designee _____
 3. Chairman _____

- C. Recommendation of the Review Panel _____

