



GRIEVANCE REPORT FORM (Certificated Employees)
COMPTON UNIFIED SCHOOL DISTRICT

Name of Grievant	SITE	ASSIGNMENT	DATE FILED
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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 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)

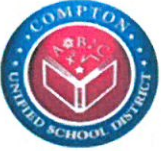
DATE

ADMINISTRATOR'S SIGNATURE

C. Position of grievant and or association

DATE

SIGNATURE OF GRIEVANT



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COMPTON UNIFIED SCHOOL DISTRICT**

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 _____

- DATE _____ SIGNATURE OF GRIEVANT _____

Step 4

- A. Date submitted to the Board of Trustees _____
- B. Review by Board of Trustees for oral arguments _____

- C. Decision rendered by the Board of Trustees _____

