MORENO VALLEY UNIFIED SCHOOL DISTRICT
CERTIFICATED GRIEVANCE FORM – Level 1 and 2

A grievance is a claim by an employee that an express term of the Certificated Employees Collective Bargaining Agreement has been violated by the District and that, because of such violation, an employee’s rights have been adversely affected.

Before submitting a written grievance, the grievant shall first have a conference with the employee’s immediate supervisor to present the grievance orally and to attempt to resolve it informally.

If the attempt at informal resolution is not successful, the grievance shall be reduced to writing using this form which must be submitted to the employee’s immediate supervisor within 20 working days of the claimed violation. The administrator shall answer the grievance in writing within 10 working days.

Employee Name: ___________________________ Work Location: ___________________________

Date of Grievance: ________________________ Date Filed: __________________________

Statement of Grievance:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Specific Sections and Terms of Agreement Violated:
__________________________________________________________________________

Remedy Sought:
__________________________________________________________________________
__________________________________________________________________________

Signature of Grievant: _______________________ Date: __________________________

LEVEL ONE: INFORMAL CONFERENCE

Name of Supervisor: ___________________________ Date of Conference: ___________________________

LEVEL TWO: IMMEDIATE SUPERVISOR

Supervisor Signature: ___________________________ Date: __________________________

Immediate Supervisor’s Decision:
__________________________________________________________________________
__________________________________________________________________________

Grievance Resolved: ___________________________ Decision Appealed: ___________________________

Signature of Grievant: _________________________ Date: __________________________
Grievance Number ____________________________
Call Association for Number

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CERTIFICATED GRIEVANCE FORM – Level 3, 4, 5

LEVEL THREE: SUPERINTENDENT
(Submit within 10 days of Level Two decision)

Superintendent’s Signature: ____________________________ Date received: _______________
Superintendent’s Decision: ____________________________________________________________
Grievance Resolved: ____________________________ Decision Appealed: ___________________

Signature of Grievant: __________________________________________________________ Date: __________
If Level Three decision is appealed, submit immediately to MV Caucus, V.P.

LEVEL FOUR: MEDIATION BY ASSOCIATION
(Submit within 10 days of Level Three decision)

Date of Request for Mediation: ________________________________________________________
Date of Request for Mediator Submitted to CSCS _______________________________________
(Submit within 5 days of request for mediation)
Decision of Mediator: _______________________________________________________________
Grievance Resolved: ____________________________ Decision Appealed: ___________________

Signature of Grievant: __________________________________________________________ Date: __________

LEVEL FIVE: ARBITRATION
(Submit within 10 days of Level Four decision)

Date of Request for Mediation: ________________________________________________________
Name of Arbitrator agreed to __________________________________________________________
Decision of Arbitrator: ______________________________________________________________