

Grievance Number _____
Call Association for Number _____

**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: _____

RECORD COPY -- ATTACH TO LEVEL 3, 4, 5 FORM IF GRIEVANCE IS NOT RESOLVED.
ASSOCIATION COPY -- DETACH AND MAIL AFTER LEVEL 2
GRIEVANT COPY -- DETACH AFTER LEVEL 2

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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: _____
