



**EMPLOYEE GRIEVANCE FORM**

**E4142 (a)**

**E4142 (b)**

**E4142 (c)**

Use this form to describe your grievance. For the purpose of the Employee Grievance Resolution Policy “a grievance shall be defined as a claim by an employee that there has been a violation, misinterpretation, or misapplication of a specific board policy or administrative regulation.” Before completing this form, obtain a copy of the Board Policy, Employee Grievance Resolution, and the Administrative Regulation, Employee Grievance Resolution and read them carefully.

**SUBMISSION OF COMPLAINT – All portions of this section must be completed by the grievant. PLEASE PRINT**

Name	Position
Supervisor	Work Location
Statement of Grievance: (The statement must be a clear, concise statement of the grievance and the circumstances involved.)	
Specific Board Policy or Administrative Regulation alleged to have been violated: (cite sources)	
Specific Remedy Sought:	
Date	Signature
Immediate Supervisor’s Response:	
Date	Signature

Upon the completion of this section, immediate supervisor shall retain original, present copy #2 to grievant and forward copy #3 to the Deputy Superintendent, Administrative Services and copy #4 to the other Assistant Superintendent.

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## EMPLOYEE GRIEVANCE FORM – STEP 2

**Appeal to Assistant Superintendent or Deputy Superintendent, Administrative Services**

All portions of this section must be completed by the grievant. Copy #2 of the completed Grievance Form – Step 1 with the immediate supervisor's response must be attached.

Name	Supervisor
Reason for Appeal: (The appeal must not merely restate the grievance. Provide the specific reason(s) you are dissatisfied with the decision at Step 1.)	
Remedy Sought:	
Date	Signature

Date Received	Interview Scheduled
Assistant Superintendent or Deputy Superintendent, Administrative Services Response:	
Date	Signature

Upon the completion of this section, the Assistant Superintendent or the Deputy Superintendent, Administrative Services shall retain a copy and forward the original and all supporting evidence to the Superintendent. Copy #2 shall go to the grievant, copy #3 to the immediate supervisor and copy #4 to the Deputy Superintendent, Administrative Services.

## EMPLOYEE GRIEVANCE FORM – STEP 3

**Appeal to Superintendent**

All portions of this section must be completed by the grievant. Copy #2 of the completed Grievance Form – Step 1 with the immediate supervisor's response must be attached.

Name	Supervisor
Reason for Appeal: (The appeal must not merely restate the grievance. Provide the specific reason(s) you are dissatisfied with the decision at Step 1.)	
Remedy Sought:	
Date	Signature

Date Received	Interview Scheduled
Superintendent's Response:	
Date	Signature

Upon the completion of this section, the Superintendent shall retain a copy and forward the original and all supporting evidence to the Assistant Superintendent. Copy #2 shall go to the grievant, copy #3 to the immediate supervisor and copy #4 to the Deputy Superintendent, Administrative Services.