FONTANA UNIFIED SCHOOL DISTRICT
9680 Citrus Avenue • Fontana • California

GRIEVANCE REPORT FORM

Grievance # _____

Distribution of Form:

1. Superintendent (White copy)
2. Immediate Supervisor (Yellow copy)
3. FTA or USWA 8599 (Pink copy)
4. Grievant (Goldenrod copy)

Name of Grievant _____ **Location** _____

Assignment _____ **Date Filed** _____

STEP I ☐

A. (1) Date Cause of Grievance Occurred _____
(2) Contract Sections Violated _____

B. (1) Statement of Grievance _____

(2) Relief Sought _____

Signature of Grievant _____ Date _____
Signature of Grievant's Representative _____ Date _____

C. Disposition by Immediate Supervisor _____ Date _____

Signature of Supervisor _____ Date _____

STEP II ☐

A. Date filed with Superintendent/Designee _____
B. Date received by Superintendent/Designee _____
C. Disposition of Superintendent/Designee _____

Signature of Superintendent/Designee _____ Date _____

STEP III ☐

A. Date submitted to Step III _____
Signature of Grievant _____
Signature of Grievant's Representative _____

B. Disposition of Step III _____

Signature of Board President _____
Date of Decision _____

(NOTE: If additional space is needed, attach an additional sheet.)

Final Disposition: Step I ☐ Step II ☐ Step III ☐

P-12.8/97.1up.4pt