

BAKERSFIELD CITY SCHOOL DISTRICT
Education Center - 1300 Baker Street
Bakersfield, California 93305

GRIEVANCE FORM
(Supplementary Material May Be Attached)

Grievance # _____ School _____ Distribution of Form
Call Employer-Employee Relations Officer for 1. Employer-Employee Relations Officer
Grievance #. 2. Immediate Supervisor
GRIEVANCE REPORT 3. Association
Submit to Immediate Supervisor in Duplicate 4. Unit Member(s)

Building _____ Assignment _____ Name of Grievant _____ Date Filed _____

LEVEL I

A. Date Cause of Grievance Occurred: _____

B. 1. This statement shall be a clear, concise statement of the grievance; the provision(s) of the agreement involved. _____

2. Specific remedy sought: _____

C. Disposition by Immediate Supervisor: _____
Signature _____ Date _____

D. Position of Grievant and/or Association: _____
Signature _____ Date _____

Signature _____ Date _____

LEVEL II

A. Date Received by Superintendent or Designee: _____

B. Disposition by Superintendent or Designee: _____

C. Position of Grievant and/or Association: _____
Signature _____ Date _____

Signature _____ Date _____

LEVEL III

A. Date Submitted to Arbitration: _____

B. Disposition & Award of Arbitrator: _____

Signature of Arbitrator _____ Date _____