

SANTA ANA UNIFIED SCHOOL DISTRICT

GRIEVANCE

yy/mm/dd

To: Respondent _____

From: Grievant(s) SAEA on Behalf of _____

School/Dept. _____

Position Teachers _____

Name of Representative (if any) _____

Association of Representative SAEA _____

Date of Occurrence _____

Agreement Article No. _____

Section No. _____

Page No. _____

Oral Conference Date _____

Nature of Grievance (Be specific):

The District, through its administrative representative _____, Violated the Collective Bargaining Agreement (CBA) when its administrator:

Adverse Affect Upon Grievant(s):

Dates Received

LEVEL I

Date	Int.

LEVEL II

Date	Int.

LEVEL III

Date	Int.

ARBITRATION

Date	Int.

For Respondent Use Only

Suggested Solution(s):

Grievant's Signature

Date of Submission