

**SEQUOIA UNION HIGH SCHOOL DISTRICT
GRIEVANCE FORM**

Grievant's Name

Date Filed

School/Location

Filed with

Department

Date of Occurrence

Bargaining Unit

Contract Article & Section

Authorized Representative

Alleged violation/misinterpretation/misapplication

Adverse effect on grievant:

REMEDY REQUESTED:

Signature of Grievant

Received by:

Date

Copy: Supervisor/Designee
Personnel
Employee