**COACHELLA VALLEY UNIFIED SCHOOL DISTRICT**

**CERTIFICATED GRIEVANCE FORM**

**Grievance number:**

**Grievant(s) name:**

**Date Grievance occurred:**

**Statement of Grievance:**

**Contract Article(s) alleged to have been violated:**

**Relief sought:**

**Level I: Immediate Supervisor**

**Date filed with Immediate Supervisor:**

 **Immediate Supervisor’s signature:**

 **Decision by Immediate Supervisor:**

**Date Level I response received by Grievant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grievance resolved: \_\_\_\_\_\_\_\_\_\_\_\_ Grievance appealed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Grievant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**