

CONEJO VALLEY UNIFIED SCHOOL DISTRICT
UACT GRIEVANCE SUBMITTAL FORM

General Information: This grievance submittal form is to be used to submit a grievance electronically. Any UACT member may be assisted with this process by UACT or complete this form and forward it to the appropriate supervisor. If transmitted electronically, a copy of the original grievance signed by the grievant shall be kept on file at the UACT office. Electronically transmitted copies do not need a signature and shall be forwarded to: Immediate Supervisor, UACT, Grievant, and Assistant Superintendent of Business Services.

For the purpose of a grievance a day is defined as any day the district office is open for business between September 1 and June 30. (Article 17, Section A, Number 3) For further information regarding grievances refer to Article 17 (Grievances) of the Contract or contact UACT.

Level I Grievance Submission

Grievant:

School (or location):

Immediate Supervisor:

Date grievance occurred or was discovered:

Article(s) grieved:

Statement of Grievance *(Please provide information on the specific contract provisions violated and proposed remedies.):*

Grievance Prepared by:

Date Submitted:

Submit to Immediate Supervisor *(Name):*

Grievant's Name:

(Hard copy with grievant's signature on file at the UACT office): _____

Level I Supervisor Response *(Respond within 10 days)* **Date Received:**

Reviewed by Immediate Supervisor *(Name):*

Response and proposed resolution:

Date Response Sent to Grievant:

Level I Respondent's Name:

(Electronic copy to all persons copied in original submission.)

Grievant must review the Level I Response and indicate one of the following within five days.

- I concur with action taken and accept the resolution proposed by the immediate supervisor.
- I do not concur with the proposed resolution and forward this grievance to Level II.

Level II Grievance Submission *(Please provide status report and rationale for forwarding grievance to Level II.)*

Date Submitted:

Level II Grievance Prepared by:

Response and proposed resolution:

Submitted to *(Name):*

Grievant's Name:

(Electronic copy to all persons copied in original submission.)

Level II District Response *(Level II response within 15 days.)*

Date Received:

Reviewed by *(name):*

Response and proposed resolution:

Date Response Sent to Grievant:

Level II Respondent's Name:

(Electronic copy to all persons copied in original submission.)

Grievant must review the Level II Response and indicate one of the following within fifteen days.

- I concur with action taken at Level II and accept the resolution proposed.
- I do not concur with the resolution and suggest forwarding this grievance to Level III.

Level III Grievance Submission *(Please provide status report and rationale for forwarding grievance to Level III.)*

Date Received:

Level III Grievance Prepared by:

Response:

Submitted to *(Name):*

- The Association refers the grievance to arbitration.

Date of Response:

(Electronic copy to all persons copied in original submission.)

The Association and the District, shall select an arbitrator. Should they be unable to agree upon an arbitrator within five (5) days of the receipt of request for arbitration, they shall select the arbitrator from a list of five (5) persons provided by the California State Mediation and Conciliation Service.