MANHATTAN BEACH UNIFIED SCHOOL DISTRICT

GRIEVANCE LEVEL _____

Name of Grievant:
Work Location:
Job Title:
Immediate Supervisor:
Date Alleged Grievance Occurred:
Statement of Grievance (please summarize actions complained of; include location of act and any
witnesses)
List specific contract provision(s) allegedly violated. Misinterpreted or misapplied.
Remedy Requested
Date of Informal Conference
Decision from Informal Conference
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Grievance Representative (if any)
Grievant's Signature:

pw 10/96 Copies: Grievant/MBUTA/Human Resources