

Aromas-San Juan USD
Certificated Grievance Form

Name of Grievant:
School or Department:
Date Filed:

1. Date grievance occurred:
2. Specific section of contract allegedly violated:
3. Provide specific details concerning the grievance: (Include names, dates, and circumstances):
4. Describe adverse effect the alleged violation(s) had on grievant:
5. Remedy desired:

Conferee (if any)

Signature of Grievant