

ALVORD UNIFIED SCHOOL DISTRICT
10365 Keller Avenue
Riverside CA 92505

AEA GRIEVANCE FORM – LEVEL 1

Submission of Grievance to Immediate Supervisor – All portions of this section must be completed by the grievant.

Employee Name: _____ Work Location: _____

Statement of Grievance and specific provisions alleged to have been violated: _____

Remedy Sought: _____

Signature of Grievant _____ Date _____

Immediate Supervisor's Decision (render within 10 days): _____

Signature of Supervisor _____ Date _____

Distribution: White – Record copy/Personnel
Green – Superintendent
Canary – Immediate Supervisor
Pink – Grievant following completion of Level 1
Goldenrod - Grievant