

FUSD/FUDTA GRIEVANCE FORM

LEVEL 1 GRIEVANCE

TO: _____
(immediate supervisor)

DATE: _____

FROM: _____

WORK LOCATION: _____

I hereby file this form to grieve _____
(describe the incident/action/omission which gives rise to the grievance)

_____ which took place on _____
(date of incident, action, omission)

This is a violation, misapplication or misinterpretation of the Collective Bargaining Agreement including, but not limited to Article _____
(List all specific contract provisions, if possible)

The remedy I am seeking is _____

Please contact me to schedule a Level 1 conference.

(your signature)

Superintendent/Designee, fax or mail copies of grievance to:

FUDTA
39350 Civic Center Drive, Suite 430
Fremont, CA 94538
Fax: 791-0181

Human Resources
4210 Technology Drive
Fremont, CA 94538
Fax: 659-2507

Superintendent
4210 Technology Drive
Fremont, CA 94538
Fax: 659-2597