

# OXNARD SCHOOL DISTRICT

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## OXNARD SUPPORTIVE SERVICES ASSOCIATION (OSSA)

### LEVEL 1: DISTRICT ADMINISTRATOR GRIEVANCE RESPONSE

1. NAME OF GRIEVANT: \_\_\_\_\_
2. DATE GRIEVANCE FILED: \_\_\_\_\_
3. STATEMENT OF GRIEVANCE: (Include contract provision(s) allegedly violated).  
GRIEVANT ALLEGES: \_\_\_\_\_  
\_\_\_\_\_
4. GRIEVANCE DENIED  (Summarize reasons) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. GRIEVANCE SUSTAINED  \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. IF GRIEVANCE SUSTAINED, STATE REMEDY: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. WAS THERE A PERSONAL CONFERENCE? YES  DATE \_\_\_\_\_  
PERSONS PRESENT: \_\_\_\_\_  
IF NO, INDICATE REASON: \_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Distribution:  Assistant Superintendent, HR     Grievant     Supervisor/District Administrator  
Rev. 12/19/16 pp