



OXNARD SCHOOL DISTRICT

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OXNARD EDUCATORS ASSOCIATION (OEA)

STEP 2: ASSISTANT SUPERINTENDENT, HUMAN RESOURCES 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
 OEA President