



# OXNARD SCHOOL DISTRICT

1051 South "A" Street • Oxnard, California 93030 • 805/385-1501

## OXNARD SUPPORTIVE SERVICES ASSOCIATION (OSSA)

### LEVEL 1: EMPLOYEE GRIEVANCE FORM

1. NAME OF GRIEVANT \_\_\_\_\_
2. DATE GRIEVANCE FILED \_\_\_\_\_
3. WORK LOCATION \_\_\_\_\_
4. POSITION \_\_\_\_\_
5. SUPERVISOR/DISTRICT ADMINISTRATOR ALLEGED TO HAVE VIOLATED THE CONTRACT \_\_\_\_\_
6. STATEMENT OF GRIEVANCE (Include contract provision[s] allegedly violated; summarize violation, location, date[s], witness [es], times).  
GRIEVANT ALLEGES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. REMEDY REQUESTED \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. WAS THERE AN INFORMAL CONFERENCE? YES  DATE \_\_\_\_\_  
PERSON(S) PRESENT: \_\_\_\_\_  
DECISION OF INFORMAL CONFERENCE \_\_\_\_\_  
IF NO , INDICATE REASON \_\_\_\_\_  
\_\_\_\_\_
9. ASSOCIATION REPRESENTATIVE (If Applicable) \_\_\_\_\_

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

Distribution:  Assistant Superintendent, HR  Grievant  Supervisor/District Administrator  OSSA President