



# OXNARD SCHOOL DISTRICT

1051 South "A" Street • Oxnard, CA 93030 • 805/385-1501 • Fax 805/486-3408

## 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  
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