

Newark Unified School District  
Certificated Grievance Form – Level 1

Name \_\_\_\_\_ Position & Work Location \_\_\_\_\_

Represented By: \_\_\_\_\_ Organization \_\_\_\_\_

Date of Incident \_\_\_\_\_ Date of Informal Conference \_\_\_\_\_

---

1. Incident (Sec 5.3.2):

2. Statement of Law, Rule, Regulation, Practice or Decision Involved (Sec 5.3.2):

3. Relief Sought (Sec 5.3.2):

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

*Within 20 days of incident (Sec. 5.3.1)* \_\_\_\_\_.

*Respond within ten days of presentation to supervisor. (Sec. 5.3.3)* Response of Supervisor:

Received by: \_\_\_\_\_ Date \_\_\_\_\_

---

*Grievant, respond within 10 days of supervisor's response. (Sec 5.4.1)*

I  Accept<sup>1</sup> the above decision.  
 Appeal<sup>2</sup>

Signature of Grievant \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup>If accepted:

Copy 1, grievant supervisor, forwards to  
personnel office

Copy 2, bargaining agent

Copy 3, grievant

<sup>2</sup>If appealed:

Copy 1, attached to level II form and forwarded to  
superintendent's office (in person)(Photocopy is  
forwarded to personnel by superintendent's office)

Copy 2, bargaining agent

Copy 3, grievant