

NEA-Jurupa Member Concern/Grievance Intake Form

Grievant's Name:

Site:

Personal Email Address:

Position:

Cell No:

Reporter Name:

Site:

Personal Email Address:

Cell Phone No:

1. What is the summarized concern or (potentially contract violating) grievance?

2. Who was involved?

a. Administrator(s):

b. Witness(es):

c. Other(s) (Identify):

3. Where did the incident occur (if appropriate)?

4. When did the incident occur?

5. How has the NEA-Jurupa member been negatively affected?

NEA-Jurupa Member Concern/Grievance Intake Form

6. What remedy is the affected member seeking?

7. Informal Level: _____ Date: _____

Yes No

a. Administrator's Name:

b. Outcome:

Attach collected documentation to support informal process (reverse emails, notes of conversations, etc.)

8. Is the member willing to file a grievance?

If yes:

a. Are we within grievance timeline (30 workdays for members or 30 days of Education Center being open days from the time grievant learned/should have learned of the event/condition giving rise to complaint to present district grievance form to supervisor?

b. What is the last day on which we can file the grievance?

9. Which provision(s) of the contract are involved in the grievance (Specific Article(a), Section(b), Paragraph(c) and Line Numbers(d))?

a.

b.

c.

d.

NEA-Jurupa Member Concern/Grievance Intake Form

Sample Grievance Form

Grievance #

Date:

Name of Employee/Grievant:

Site:

Site Telephone Number:

Immediate Supervisor:

Level 1

State specific contract article and section(s) violated, manipulated, or misinterpreted:

Statement of Grievance - specifically how the contract was violated, manipulated, or misinterpreted:

Remedy Requested (must be specific):

Signature:

Date: