

Antioch Unified School District
Antioch, California

NOTICE OF GRIEVANCE

1. Antioch Education Association/CTA/NEA
2516 Verne Roberts Circle, Unit H-5
Antioch, California 94509

2. (a) Date Commenced: _____
2. (b) Date Closed: _____
2. (c) Home Phone: _____
2. (d) School Phone: _____
2. (e) Association Phone: 925-754-0300

3. (a) Work Location: _____
3. (b) Job Classification: _____

4. I authorize the following individual(s), Association, or representative(s) to assist in representing me at each step of the Grievance. (The name of the Association conferee is subject to change.)

- Antioch Education Association
- Other Designees:
- Represented by Self

By clicking this box, I certify the typed name below represents my signature.

Signature of Aggrieved _____

5. Specific Contract Provisions alleged to have been violated, misinterpreted, or misapplied:

6. Circumstance(s) of the grievance (a concise statement concerning the alleged violation, misapplication, or misinterpretation with dates, names, and places as appropriate):

7. Statement of the remedy(ies) desired:

8. Record of Processing:

Filed with:

Date Received:

Step I _____

Step II _____

Step III _____
