

**Mendocino Unified School District/CEMUS
June 22, 2021
Tentative Agreement
Appendix D: Grievance Forms
TA 2020-21- 02:**

Appendix D: Grievance Forms

The attached newly revised Appendix D has been updated to include the CEMUS Employee Grievance Forms.

This agreement is contingent upon acceptance by the county of the disclosure form for collective bargaining.

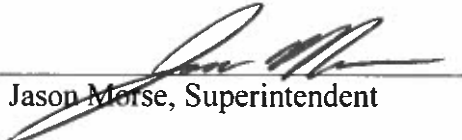
For Classified Employees of Mendocino Unified (CEMUS):

6/9/21
Date


Christine Kenton of CEMUS

For Mendocino Unified School District:

5/20/21
Date


Jason Morse, Superintendent



MENDOCINO UNIFIED SCHOOL DISTRICT

CEMUS EMPLOYEE GRIEVANCE FORM LEVEL II

Instructions: Please submit this form to the supervisor of the person or program of your complaint.

The supervisor will tell the employee(s) involved that this complaint has been filed. The information you provide will be kept confidential except as necessary to investigate and resolve your complaint.

The District's complaint procedures are found in Board Policy 1312.1 and Administrative Regulation 1312.1 which are available through the District Office for your review. Please make sure to reference the appeal provisions and timelines involved.

Should you have any questions about the grievance policy or procedures, please contact the school site principal or superintendent.

Complainant Information

Grievance #:

Name _____

Date _____

Address _____

Phone _____

School _____

Notice of Complaint

Date of events this complaint is based on: _____

This is a violation, misapplication or misinterpretation of the Collective Bargaining Agreement including, but not limited to Article _____ (list specific contract provisions if possible)

Please describe your complaint as specifically as possible, using date, times, names, locations or situations (use additional paper if necessary): _____

With whom have you conferred to resolve your complaint?

Name(s) _____

Date _____

What action or remedy are you seeking to resolve this complaint? _____

Resolved:

Date:

Internally

Formal Response Needed

Signature

Date



MENDOCINO UNIFIED SCHOOL DISTRICT

CEMUS GRIEVANCE RESPONSE FORM LEVEL II

Grievance #:

Date of Grievance Response: _____

To: _____
(Grievant)

From: _____
(Superintendent)

Response to Grievance Appeal: _____

Attach a copy of the Grievance Form Level I, Appeal Form Level I, and any supporting documents.

Superintendent Signature

Date



MENDOCINO UNIFIED SCHOOL DISTRICT

CEMUS GRIEVANCE APPEAL FORM LEVEL II TO LEVEL III

Instructions: If the grievant wishes to appeal the decision of the Superintendent OR Board to arbitration, s/he may, within five days of the conclusion of mediation, request in writing on the Contact Grievance Appeal Form Level III that the Association submit his/her grievance to arbitration, with a copy to the Superintendent or Board.

Should you have any questions about the grievance policy or procedures, please contact the school site principal or superintendent.

Grievance #:

Date of Level III Appeal: _____

To: _____
(Association President)

From: _____
(Grievant)

I hereby file this form to appeal the District's decision at Level II received by me on _____
(Date)

The Grievance is being appealed because: _____

Attach a copy of any supporting documents.

Signature

Date



MENDOCINO UNIFIED SCHOOL DISTRICT

CEMUS CONTRACT GRIEVANCE LEVEL III RESPONSE TO APPEAL FORM

Grievance #:

Date of Grievance Response: _____

To: _____
(Grievant)

From: _____
(MUSD Board President)

Response to Grievance Level II Appeal: _____

Attach a copy of all Grievance and Appeal Forms and any other supporting documents.

Superintendent Signature

Date



MENDOCINO UNIFIED SCHOOL DISTRICT

CEMUS GRIEVANCE APPEAL FORM LEVEL III GRIEVANCE HEARING PANEL (Level IV)

Instructions: Upon receipt of the Grievance Response Form Level II from the Superintendent, should the initial grievance still exist and the grievant still wish to pursue the grievance, s/he shall, within ten days upon the receipt of the Superintendent's response, appeal the decision to the BOARD using this Grievance Appeal Form Level III.

The District's complaint procedures are found in Board Policy 1312.1 and Administrative Regulation 1312.1 which are available through the District Office for your review. Please make sure to reference the appeal provisions and timelines involved .

Grievance #:

Date of Level III Appeal: _____

To: _____
(MUSD Board President)

From: _____
(Grievant)

I hereby file this form to appeal the District's decision at Level II received by me on: _____
(Date)

The Grievance is being appealed because: _____

Attach a copy of the Grievance Form Level I and any supporting documents.

Signature

Date

