

**LOS ANGELES UNIFIED SCHOOL DISTRICT
GRIEVANCE FORM FOR UNITS A, B, C, D, E, F, G, H, S**

PLEASE PRINT OR TYPE

1. Full Name of Grievant:	2. Job Title (Classification)	3. Grievant's Employee #
4. Grievant's Assigned Work Location School/Site and Address: School Police Department 125 N. Beaudry Ave., Los Angeles, CA 90012		5. Home Phone: Work Phone:
6. Grievant's Home Address, Including City & Zip:		
7. Specific Articles(s) and Section(s) of the Agreement Allegedly Violated:	8. Bargaining Unit (Circle One) A B C D E F G H S	
9. Statement of Complaint (State the facts relating to the Grievance, including names, dates, and circumstances. Attach additional pages if necessary.):		
10. Remedy Sought Under the Agreement:		
11. Representative: <input type="checkbox"/> LASPA (Unit A) <input type="checkbox"/> Local 99 (Units B, C, F & G) <input type="checkbox"/> CSEA (Unit D) <input type="checkbox"/> LA County Bldg & Trades (Unit E) <input checked="" type="checkbox"/> LASPMA (Unit H) <input type="checkbox"/> Teamsters (Unit S)	12. Name of Representative:	
13. Date Filed with Immediate Supervisor Related to Grievance:	14. Grievant's Signature:	

Copies of this form shall be distributed as follows:

White Personnel Representative or Staff Relations Coordinator
 Green Staff Relations Office
 Yellow Immediate Supervisor
 Pink Union or Association
 Goldenrod ... Employee