

**REDONDO BEACH UNIFIED SCHOOL DISTRICT
GRIEVANCE LEVEL I**

FORM: G-1 (Certificated)
ORIGINAL: Supervisor

(To Be Completed in Triplicate)

COPY: Grievant
RBTA
Personnel Office

1. Name of Grievant: _____

2. Work Location: _____

3. Job Title: _____

4. Immediate Supervisor: _____

5. Date Alleged Grievance Occurred: _____

6. Statement of Grievance (Please summarize actions complained of; include location of act and any witnesses)

7. List specific contract provision(s) allegedly violated. Misinterpreted or misapplied.

8. Remedy Requested _____

9. Date of Informal Conference _____

10. Decision from Informal Conference _____

11. Grievance Representative (if any) _____

Grievant's Signature: _____

GRIEVANCE LEVEL II- APPEAL

FORM: G-3 (Certificated)
ORIGINAL: Assistant Superintendent of Personnel
COPY: Grievant
RBTA

(Please attach a copy of the original grievance and Level I Response.)

1. Name of Grievant: _____

2. Date of Level I Response: _____

3. Statement of Reasons for Appeal: _____

4. Remedy Requested: _____

5. Grievance Representative (if any): _____

(Signature)

(Date)

**REDONDO BEACH UNIFIED SCHOOL DISTRICT
GRIEVANCE LEVEL III - APPEAL**

FORM: G-5 (Certificated)

ORIGINAL: Superintendent

COPY: Grievant
RBTA

(Please attach original grievance, Appeal, and Responses.)

1. **Name of Grievant:** _____

2. **Date of Level II Response:** _____

3. **Statement of Reasons for Appeal:** _____

4. **Remedy Requested:** _____

5. **Grievance Representative (if any):** _____

(Signature)

(Date)

**REDONDO BEACH UNIFIED SCHOOL DISTRICT
GRIEVANCE LEVEL IV -APPEAL TO BOARD OF EDUCATION**

FORM: G-7 (Certificated)
ORIGINAL: Board of Education
COPY: Grievant
RBTA
Superintendent
Personnel Office

(Please attach copy of original grievance.)

1. **Name of Grievant:** _____

2. **Date of Level III Response:** _____

3. **Statement of Reasons for Appeal:** _____

4. **Remedy Requested:** _____

5. **Grievance Representative (if any):** _____

(Signature)

(Date)

**REDONDO BEACH UNIFIED SCHOOL DISTRICT
REQUEST FOR ARBITRATION**

FORM: G-9 (Certificated)
ORIGINAL: Superintendent
COPY: Board of Education
RBTA
Personnel Office

REQUEST FOR ARBITRATION

1. **Name of Grievant:** _____

2. **Date of Level IV Response:** _____

**I hereby request that my grievance be submitted to arbitration.
Kindly request a panel from the appropriate service so that
we may select an arbitrator. Please arrange to forward
a list of names on panel to me or to my representative
addressed as follows:**

(Signature)

(Date)