Grievance Information Sheet

You have indicated a desire to have a grievance filed on your behalf. UTLA will need the following information to file and process a grievance.

Please Print Clearly			
1. Name:			
2. Employee #:			
3. Address:			
4. City State Zip Code			
5. Phone Number(s): Hm - () Cell - ()			
6. School or location:			
7. Site Administrator:			
8. Your non-LAUSD E-mail Address:			
I. Who is involved?			
a. Grievant			
b. Administrator involved (Name/Title)			
c. Witness (es)			
C. Williess (CS)			
II. When and where did it happen? (Provide specific date)			
III. When will 30 school days expire?			
IV. Was there a mandatory informal conference with principal? Yes No			
 a) If so, when requested? (<i>This must be requested within 15 work days.</i>) b) When was it held? 			
c) If not, did the principal refuse to hold it? Yes No			
d) Did the principal refuse to allow representation by the Chapter Chair? Yes No			
e) Please attach principal's written response to the informal conference.			
V. FACTS: What did some administrator do or fail to do that gives rise to the complaint?			

	a.	Specifically what is wrong with "what happened"?
	b.	What specific contract language was violated (cite article, section, paragraph, page number, etc.) *For any cases under Article X (Evaluation and Discipline) please attach copy of evaluation or disciplinary notice.
VII. W	/hat	must be done to make the grievant whole? What remedy do you propose?
	а.	Corrective action or remedy requested
		What would we settle for?
	D.	What would we settle for?
VIII S		ature and date:
		Please sign and date the spaces indicated to give your permission for us to file a

Please sign and date the spaces indicated to give your permission for us to file a grievance on your behalf, and cut-and-paste your signature on the official Grievance Form.

<u>X</u> Date _____

This form and any supporting documents **must be faxed only** to this number: 213-368-6256 **Do Not fax your paperwork to any other fax number** It is your responsibility to call UTLA – 213/ 487-5560 to verify **Our receipt of your Grievance Information Sheet and any related documents** Please remember that grievances must be filed in a timely manner

Page 2 of 2