Appendix B – Grievance Form

3300 East Palmdale Blvd.
Palmdale, CA 93550
www.tpaa.org

Grievance Form

Name of Grievant: _____

Grade/Subject: _____

Date of Incident(s): _____

Date of Grievance Submission: _____

1. Description of the Grievance

(Provide a detailed explanation of the issue, including dates, circumstances, and any actions or events that led to this grievance. Attach additional pages if necessary.)

_____
_____
_____
_____
_____

2. Contract Violation(s)

(Identify the specific provision(s) of the Collective Bargaining Agreement (CBA) or Academy policies that have been violated. Include section numbers or specific clauses where applicable.)

_____
_____
_____
_____

3. Witnesses (if applicable)

(List any witnesses to the incident, with names, positions, and contact information.)

- _____ (Name, Position, Contact Info)
- _____ (Name, Position, Contact Info)

- _____ (Name, Position, Contact Info)

4. Previous Steps Taken

(Describe any informal or formal actions you have taken to resolve this issue. Include meetings with administration, communications, or attempts to discuss the matter.)

_____
_____
_____
_____

5. Desired Resolution

(State the specific outcome or resolution you are seeking, such as corrective action, policy changes, or other remedies.)

_____
_____
_____
_____

6. Grievant's Signature

I certify that the above information is accurate and true to the best of my knowledge.

Signature: _____
Date: _____

7. Union Representative (if applicable)

(If you are being represented by a union representative, include their contact information and signature below.)

Union Representative Name: _____
Union Representative Contact Info: _____
Signature of Union Representative: _____
Date: _____

For Academy Use Only
Date Received: _____
Grievance Officer/Principal's Name: _____
Grievance Officer/Principal's Signature: _____
Date of Resolution/Next Step: _____

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