



AR GRIEVANCE/ISSUE INTAKE FORM

SDEA BARGAINING UNIT MEMBER:

Complete this form and give it to your Association Representative (AR). Your AR will provide you with assistance and will contact SDEA if further consultation is necessary. Please note that grievances for contractual violations must be filed within 15 days of the violation's occurrence.

Name: _____

Home/Cell Phone: _____

Date: _____

Work Phone: _____

Work Site/School: _____

Home Email: _____

Background Information:

1. What is your position/job? _____

2. Your employment status (circle one): Substitute Temporary Prob 1 Prob 2 Permanent

3. How long have you been at your current work site? _____

4. Who is your Association Representative (AR)? _____

5. Date you first contacted your AR regarding this issue: _____

In the space below, please provide an overview of your grievance or issue

Include **(1) what** happened, **(2) when** it happened, **(3) where** it happened, **(4) who** was involved, etc.

FOR SDEA ASSOCIATION REPRESENTATIVE'S USE ONLY:

Issue type (check one): contract question, site organizing issue,
 grievance (please indicate contract article that you believe was violated: _____)
 other _____

Issues resolved at the worksite do not need to be reported to SDEA. If the issue requires assistance that cannot be provided at the worksite, please contact an SDEA Contract Specialist at 619-283-4411 if you need additional assistance with this matter.