

**Lynwood Unified School District / Lynwood Teachers Association  
Grievance Form**

Date \_\_\_\_\_

Level 1 or  Level 2

1. **Date on which informal grievance was first made:** \_\_\_\_\_

2. **Name of party filing grievance:** \_\_\_\_\_

3. **Name of Administrator against whom this grievance is being filed:** \_\_\_\_\_

4. **Violation/Article No. of Contract:** \_\_\_\_\_

5. **Name of Party or Parties who will represent Grievant:** \_\_\_\_\_

6. **A clear, concise statement of the grievance (attach additional sheets if necessary):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. **State any specific remedy sought:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Administrator's Response: Must be communicated in writing to Grievant within ten (10) days after receipt of written grievance. The failure to render a written decision at this level within the ten (10) days allowed will automatically move the grievance to the next level.

**Response Deadline:** \_\_\_\_\_

**Copies to:**

1. Grievant
2. Site Administrator
3. Superintendent of Designee
4. LTA President

\_\_\_\_\_  
**Signature of Grievant**

\_\_\_\_\_  
**Date**

**Please contact the LTA office or your LTA SITE REP for assistance filing a grievance.**

Lynwood Teachers Association, 11501 Atlantic Avenue, Lynwood, CA 90262

310-933-8577 • [ltaoffice@lynwoodta.org](mailto:ltaoffice@lynwoodta.org)