



SANTA MONICA - MALIBU UNIFIED SCHOOL DISTRICT

**SMMUSD Induction Program  
Formal Candidate Grievance/Appeal**

Candidate Name: \_\_\_\_\_

Email: \_\_\_\_\_ Program Mentor: \_\_\_\_\_

Have you attempted to resolve this concern informally at the program level? (Yes/No)

Briefly describe your concern:

What remedy are you seeking?

Candidate Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please submit a signed copy to Dr. Mark Kelly at the Human Resources Department or via Lisa Andersen email [landersen@smmusd.org](mailto:landersen@smmusd.org)