GRIEVANCE FORM – Step 1

CAMPUS _________________

Step 1:

TO: _______________________________ _________________________________
    Director                Date Filed

FROM: _______________________________ _________________________________
    Steward                    Signature of Steward

Signature of Grievant

Grievance of: _______________________________
    Employee(s) or Union

Section(s) of agreement allegedly violated: __________________________________________

Date(s) of occurrence giving rise to grievance: ______________ (if more than five (5) days prior to the filing date, include an explanation as to when the problem became known to the employee and why the employee should not be charged with knowledge as of an earlier date):

______________________________________________________________________________

______________________________________________________________________________

Statement of facts and evidence supporting the grievance: (Attach supporting documents if appropriate)

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Redress sought:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Date Received _____________________________ By _______________________________

Grievance Number:

Disposition:  □ Settled  □ Withdrawn  □ Rendered  Date: ___________________

To be completed by Director

INSTRUCTIONS:  Fill out as indicated.

Step 1  DISTRIBUTION:  Original  1st Copy  2nd Copy
    Director  Steward  Campus Grievance File