GRIEVANCE FORM – Step 1  CAMPUS ____________________________

Step 1:

TO: ___________________________________ _________________________________  
     Director            Date Filed

FROM:  _________________________________ _________________________________  
      Steward                 Signature of Steward

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Disposition:    Settled    Withdrawn    Rendered    Date:  ___________________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