ACADEMIC GRIEVANCE FORM

Grievance N	o. *
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(For use by full-time academic bargaining unit members)

Employee name	College	Department	
Date of alleged violation	Date of informal discussion	Date of oral response	
Date of filing of this statement	Specific articles and sections alleged to have been violated		
Explanation of alleged violation, including all pertinent supportive facts.			
Statement of relief, remedy, action believed necessary to resolve this grievance.			
Signature:			
Level I: Step 1 – Supervisor response to g	rievance		
		Date of Receipt:	
		Date of Response:	
		Grievance	
Signature:		Resolved:	
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Level I: Step 2 – Employee/SCFT Repres decision and if not acceptable, reasons for		Date of Receipt:	
1	11	-	
		Date of Response:	
		Decision	
Signature:		Decision	
		Acceptable: Appeal	

*Call office of the Vice Chancellor, Human Resources to obtain a Grievance Number

Level II: Step 1 – College/ President/Designee response to grievance	Date of Receipt:
Signature:	Grievance Resolved: Grievance Denied:
Level II: Step 2 – Employee/SCFT Representative response to Step 1 decision and, if not acceptable, reasons for appeal to Level III	Date of Receipt: Date of Response:
Signature:	Grievance Resolved: Grievance Denied:
Level III: Step 1 – Chancellor/Designee response to grievance	Date of Receipt:
Signature:	Grievance Resolved: Grievance Denied:
Level III: Step 2 – Employee/SCFT Representative response to step 1 decision and, if not acceptable, reasons for appeal to Level IV	Date of Receipt: Date of Response:
Signature:	Grievance Resolved: Grievance Denied:
Level IV: Final and Binding Decision of the Arbitrator	Date of Receipt:
	Grievance Resolved: Grievance Denied:

Notes: 1. Attach all responses to this form at all levels.

3. Observe timeframe requirements of pertinent policy

Revised: 10/80; 9/04; 1/07; 9/10; 7/13