BOARD OF TRUSTEES OF
COMMUNITY-TECHNICAL COLLEGES

CONGRESS OF CONNECTICUT
COMMUNITY COLLEGES

G R I E V A N C E F O R M

Please print or type all information.

NAME OF GRIEVANT _____ **POSITION** _____

COLLEGE Comm. College **HOME TELEPHONE NO.** _____

HOME ADDRESS _____

GRIEVANCE

Filed at Level I **To Whom Submitted** Pres.

Date Problem Occurred _____ **Date Grievant Learned of Problem** _____

For informational purposes, indicate the Article(s) and section(s) of the Collective Bargaining Agreement which you allege have been violated:

And any other part of the Collective Bargaining Agreement that may apply

Briefly outline the facts concerning the grievance and explain the nature of the grievance:

Remedy: That

SIGNATURE OF GRIEVANT _____ **DATE** _____

SIGNATURE OF CONGRESS REPRESENTATIVE (when grievant is represented by union)

_____ **DATE** _____