

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 _____

G R I E V A N C E

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 _____