



Grievance Form – CSEA 651

Filing Date:

Level 1 ☐

Level 2 ☐

Level 3 ☐

Arbitration ☐

Date of alleged violation:

Name of Grievant (print):

Ext.:

Classification / Department :

Supervisor:

Ext.:

Article(s) Violated:

Date Grievance Occurred (or date you became aware of):

Briefly explain the nature of the alleged violation (use a separate sheet if necessary):

Briefly explain requested remedy (use separate sheet if necessary):

Grievants Signature: _____

Date: _____

CSEA Representative: _____

Date: _____

A copy of the District's decision should be forwarded to the above named CSEA Representative.
District's Decision: