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| **Article 20: Grievance Process****Appendix M.1: Grievance Level 1 – Presentation of Grievance**  | Logo_MtSAC_Blk_Print |

|  |  |  |  |
| --- | --- | --- | --- |
| Grievant’s Name: |       | Date: |       |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Contact #: Phone: |       | Email: |       |

|  |  |  |
| --- | --- | --- |
|  | Classification: |       |

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| **GRIEVANT TO COMPLETE:****INSTRUCTIONS:** The grievant must file this form with the Office of Human Resources **within 30 working days** of the knowledge of the alleged violation.  |
|  |
| 1. | Indicate specific contract provisions which you believe have been violated. |
|  |       |
| 2. | Date of event creating grievance. |
|  |       |
| 3. | Date of informal meeting: Must be within 5 working days of Immediate Supervisor getting Presentation of Grievance |
|  |       |
| 4. | Individuals present at meeting: |
|  |       |
| 5. | Outcome of meeting |
|  |      : Grievance Resolved     : Grievance Unresolved |
|  |  |

|  |  |
| --- | --- |
| 6. | Grievant’s Signature: |
|  |       |  Date: |       |
|  | Supervisor’s Signature:      | Date: |       |