|  |  |
| --- | --- |
| 452B2 0 1 9 - 2 0 2 2 F A C U L T Y C O N T R A C T | |
| **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: |  |

|  |  |
| --- | --- |
| **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: |  |