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| 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  Description automatically generated |

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| Grievant’s Name: | Click or tap here to enter text. | Date: | Click or tap to enter a date. |

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|  | Contact #: Phone: | Click or tap here to enter text. | Email: | Click or tap here to enter text. |

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|  | Classification: | Click or tap here to enter text. |

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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.  |
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| 1. | Indicate specific contract provisions which you believe have been violated. |
|  | Click or tap here to enter text. |
| 2. | Date of event creating grievance. |
|  | Click or tap here to enter text. |
| 3. | Date of informal meeting: Must be within 5 working days of Immediate Supervisor getting Presentation of Grievance |
|  | Click or tap here to enter text. |
| 4. | Individuals present at meeting: |
|  | Click or tap here to enter text. |
| 5. | Outcome of meeting |
|  | \_\_\_\_\_\_\_\_: Grievance Resolved\_\_\_\_\_\_\_\_: Grievance Unresolved |
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| 6. | Grievant Signature: |
|  | Click or tap here to enter text. |  Date: | Click or tap to enter a date. |
|  | Supervisor’s Signature:Click or tap here to enter text. |  | Click or tap to enter a date. |