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| 452B2 0 2 2 - 2 0 2 5 F A C U L T Y C O N T R A C T | |
| **Article 20: Grievance Process**  **Appendix M.2: Grievance Level 2 – Conciliation** | Logo  Description automatically generated |

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| Grievant Name: | Click or tap here to enter text. | Date: | Click or tap here to enter text. |

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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 10 working days** of the unresolved **Level 1 –Initial Resolution**. | |
|  | |
| 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 on which you learned that a violation of the specific provision of the Agreement had occurred. |
|  | Click or tap here to enter text. |
| 4. | Name of your immediate administrator. |
|  | Click or tap here to enter text. |
| 5. | Describe what actions you have taken to resolve the grievance. Be specific. |
|  | Click or tap here to enter text. |
| 6. | Statement of grievance: |
|  | Click or tap here to enter text. |
| 7. | Requested remedy. |
|  | Click or tap here to enter text. |

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| 8. | Date unresolved Level 1 process concluded. |
|  | Click or tap here to enter text. |

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| 9. | Grievant’s Signature: | | |
|  | Click or tap here to enter text. | Date: | Click or tap to enter a date. |

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

**HUMAN RESOURCES TO COMPLETE:**

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| 10. | Copy of form sent to: | | | | | |
|  |  | Faculty Association |  | Vice President, Human Resources | Date: | Click or tap here to enter text. |
| 11. | Members of Conciliation Team:  Faculty Member – appointed by the Faculty Association | | | | | |
|  | Click or tap here to enter text. | | | | | |
|  | Administrator – appointed by the District | | | | | |
|  | Click or tap here to enter text. | | | | | |
| 12. | Date (s) of Conciliation meeting (within 10 working days of establishment of Conciliation Team). | | | | | |
|  | Click or tap here to enter text. | | | | | |
| 13. | Date of Decision | | | | | |
|  | Click or tap here to enter text. | | | | | |
| 14. | Team Outcome Submitted within 5 working days of meeting | | | | | |
|  | Click or tap here to enter text.  Signatures:  Grievant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Immediate Administrator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |