

FACULTY ASSOCIATION
 RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT
STATEMENT OF GRIEVANCE FORM

EMPLOYEE NAME:	SITE:	DEPARTMENT:
DATE OF ALLEGED GRIEVANCE:	DATE OF INFORMAL/ORAL DISCUSSION:	DATE OF ORAL RESPONSE:
DATE OF FILING WRITTEN STATEMENT:	SPECIFIC ARTICLES AND SECTIONS ALLEGED TO HAVE BEEN VIOLATED:	
EMPLOYEE'S STATEMENT OF ALLEGED VIOLATION AND GRIEVANCE. WHAT IS THE FACTUAL CONTENTION? WHAT HAS OCCURRED? PROVIDE FULL FACTS NECESSARY TO SUPPORT YOUR POSITION.		
STATE FULL RELIEF/REMEDY/ACTION YOU BELIEVE IS REQUIRED TO RESOLVE THIS ALLEGED GRIEVANCE.		
GRIEVANT SIGNATURE:		

LEVEL ONE- SUPERVISING ADMINISTRATOR

IMMEDIATE SUPERVISOR

DECISION ON ALLEGED GRIEVANCE:

DATE OF RESPONSE:

/ /

SIGNATURE: _____

LEVEL TWO - COLLEGE PRESIDENT/DESIGNEE

GRIEVANT RESPONSE:

DATE OF RECEIPT:

/ /

DATE OF RESPONSE:

/ /

DECISION ON ALLEGED GRIEVANCE:

DATE OF RECEIPT:

/ /

DATE OF RESPONSE:

/ /

SIGNATURE: _____

LEVEL THREE - CHANCELLOR

GRIEVANT RESPONSE:

DATE OF RECEIPT:

/ /

DATE OF RESPONSE:

/ /

DECISION ON ALLEGED GRIEVANCE:

DATE OF RECEIPT:

/ /

DATE OF RESPONSE:

/ /

SIGNATURE: _____

LEVEL FOUR - REQUEST FOR ARBITRATION

ASSOCIATION RESPONSE:

DATE OF RECEIPT:

/ /

DATE OF RESPONSE:

/ /

SIGNATURE: _____

LEVEL FIVE - CHANCELLOR

GRIEVANT RESPONSE:

DATE OF RECEIPT:

/ /

DATE OF RESPONSE:

/ /

DECISION ON ALLEGED GRIEVANCE:

DATE OF RECEIPT:

/ /

DATE OF RESPONSE:

/ /

SIGNATURE: _____

GRIEVANCE RESOLVED:

GRIEVANCE DENIED: