

Sonoma County Junior College District

GRIEVANCE FORM

Name of Grievant: _____

Date: _____
(To be given to supervisor this date.)

Department	Position Title	Supervisor: Name and Title
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Situation Occurred: Date: _____ Time: _____ Place: _____

What article of the contract was violated,
misinterpreted or misapplied? _____

Article No.	Article Title
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I. Circumstances of Grievance – A clear concise statement of facts including names, dates, and places. (Use second sheet if necessary.)

II. In what way have you been affected adversely?

III. What remedy do you propose?

IV. Have you made an effort to resolve the problem informally? Yes _____ No _____

If yes, please describe (including date of conference, participants, and decision rendered).

Grievant is represented by: SEIU _____ Self _____ Other _____

Signature of Grievant

Signature of Employee's Representative