Southeast Community College
Grievance Form

Name ___________________________ Date ____________

Campus ___________________________ Home Phone Number ____________

Has the informal procedure been completed? ___ Yes ___ No

Date of presentation of the informal grievance: ____________
Deadline date oral decision due: ____________

Date oral decision was given: ____________

List the contract or College policy alleged to have been violated or inequitably applied. Present the facts and circumstances constituting the grievance. Attach additional pages if needed.

Remedy sought:

______________________________ Date ___________________________
Signature

Decision to include the reasoning or justification for the decision:

Step 1 ___________________________ Signature of Supervisor ____________ Date ____________

If an appeal is being made to the supervisor in Step 2, please provide the reasoning or justification for the appeal of the decision given in Step 1.

______________________________ Date ___________________________
Grievant’s Signature

7/01
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Decision to include the reasoning or justification for the decision:

Step 2
Signature of Supervisor                                 Date

If an appeal is being made to the Administrative Representative in Step 3, please provide the reasoning or justification for the appeal of the decision given in Step 3.

Grievant’s Signature                                 Date

Decision to include the reasoning or justification for the decision:

Step 3
Signature of Administrative Representative                 Date

If an appeal is being made to the President in Step 4, please provide the reasoning or justification for the appeal of the decision given in Step 3.

Grievant’s Signature                                 Date

Decision to include the reasoning or justification for the decision:

Step 4
Signature of President                                     Date

Sample form above, click link to go to usable form ... GRIEVANCE FORM
Adopted Date: 07/01/2001