

## SOUTHWESTERN COMMUNITY COLLEGE DISTRICT

## EMPLOYEE GRIEVANCE FORM

Employee Name \_\_\_\_\_ Department \_\_\_\_\_

Immediate Supervisor/Designee \_\_\_\_\_ Date of Incident \_\_\_\_\_

Date of Informal Discussion \_\_\_\_\_ Date of Oral Response \_\_\_\_\_

State the Contract Articles and Sections alleged to have been violated \_\_\_\_\_

Employee's factual statement of incident, alleged violation and grievance. Provide all facts necessary to support your position. *(Attach second sheet if necessary).*

State full relief/remedy/action you believe is required to resolve your grievance.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

|  |   |
|--|---|
| I. Response of Next Higher Administrator/Designee:<br>(due within 7 days after receipt)  | Date of Receipt:<br>Date of Response:<br>Grievance Resolved:<br>Grievance Denied: |
| II. Response of Superintendent/President/Designee:<br>(due within 10 days after receipt) | Date of Receipt:<br>Date of Response:<br>Grievance Resolved:<br>Grievance Denied: |
| III. Finding of Arbitrator:  | Date of Receipt:<br>Date of Board Meeting:<br>Date of Decision:                   |

- NOTES: 1. *Attach all responses to this form.*  
 2. *Make two copies of all responses: One for employee and one for the District.*  
 3. *Time is of the essence at every step.*