

Mt. San Jacinto Community College
Grievance Form
Article VD-Level I

SUBMISSION OF COMPLAINT: ALL PORTIONS OF THIS SECTION MUST BE COMPLETED BY THE GRIEVANT

EMPLOYEE INFORMATION

Grievant Name: _____

Job Title: _____

Department: _____

Supervising Dean: _____

Date: _____

GRIEVANCE

Statement of Grievance: *(Include Date and Time*

Section of contract allegedly misinterpreted or violated: _____

REMEDY SOUGHT

List remedy

Date of informal conference with Supervising Dean: _____

Grievant Signature: _____

Date: _____

Upon completion of this section, grievant shall present the original to his/her Supervising Dean.

Supervisor's response:

Supervising Dean: _____

Date: _____

Upon completion of this section the Supervising Dean shall retain the original, give the grievant a copy and forward a copy to the Superintendent/President. *(YOU MAY ADD ATTACHMENTS IF SPACE IS NOT SUFFICIENT).*

Mt. San Jacinto Community College
Grievance Form
Article VE-Level II

A COPY OF THE COMPLETED GRIEVANCE FORM LEVEL I MUST BE ATTACHED ALONG WITH THE DECISION RENDERED.

EMPLOYEE INFORMATION

Grievant Name: _____
Job Title: _____ Department: _____
Supervising Dean: _____
Date: _____

APPEAL TO SUPERINTENDENT / PRESIDENT OR DESIGNEE

Reason for Appeal

REMEDY SOUGHT

List Remedy: _____

Grievant Signature: _____ Date: _____

SUPERINTENDENT / PRESIDENT OR DESIGNEE'S RESPONSE

Written Statement

Superintendent/President Signature: _____ Date: _____

Upon completion of this section, the Superintendent/President or designee shall retain the original and forward a copy of the completed Grievance Forms Level I, and Level II to the Grievant.