FOOTHILL - DE ANZA COMMUNITY COLLEGE DISTRICT

NOTICE OF GRIEVANCE

Grievant's Name:							
Ad	dress:	(Street)		(=)			
		(Street)	(City)	(Zip)			
Home Phone:			Work Phone:	Ext			
Site	e:						
Department:			Classification:				
Dept:			Immediate Supervisor:				
Ap	proximate Date Gri	evance Occurred:					
1.	STATEMENT OF GRIEVANCE (Be specific. What happened and where?):						
2.	WITH WHOM I	S GRIEVANCE FILE	D:				
3.	MEMORANDUM, RULE, LAW, REGULATION, POLICY VIOLATED, IMPROPERLY INTERPRETED OR MISAPPLIED, OR ANY OTHER RULE, REGULATION, POLICY OR SECTION OF THE AGREEMENT APPLICABLE TO SAID ACT, INCLUDING BUT NOT LIMITED TO:						
4.	CORRECTIVE REI	MEDY:					
5.	INFORMAL ATTE	MPT TO RESOLUTION: _					
GRIEVANT:				DATE:			
ST	EWARD:			DATE:			
UN	ION REPRESENT	ATIVE:		DATE:			
	1PLOYER COPY F ve copies to: Grievant a			_ DATE:			

FIRST LEVEL OF REVIEW

(File with supervisor/administrator, copies to Associate Vice Chancellor, Human Resources and ACE)

1.	To be completed by grievant:						
	Request for conference:	()Yes	() No				
	Designation of representative:	()Yes	() No				
	Name of representative:						
	Grievant's signature:						
2.	To be completed by immediate supervisor/administrator:						
	Date grievance was filed:						
	Immediate supervisor's decision and reason(s) for decision:						
	Immediate supervisor's signature:			_ Date:			
	OND LEVEL OF REVIEW with second level administrator, copies to Ass	ociate Vice Chanc	ellor, Human Resou	rces and ACE)			
1.	To be completed by grievant:						
	Request for conference:	()Yes	() No				
	Name of representative (if different from first level):						
	Grievant's signature:						
2.	To be completed by Manager:						
	Date grievance was filed at second level:						
	Decision of Administrator, and reason(s) for decision:						
	Administrator's signature:			_Date:			
REC	QUEST FOR ARBITRATION (Filew	ith Associate Vice	e Chancellor, Humar	n Resources)			
Grievant's signature:			Date:				
Sign	ature of authorized representative of A	CE:					