

THE CALIFORNIA STATE UNIVERSITY  
GRIEVANCE FORM  
Unit 6

LEVEL OF FILING	
Level II - Director, Plant Operations	<input type="checkbox"/>
Level III - President	<input type="checkbox"/>
Level IV - Employee Relations Division, Office of the Chancellor	<input type="checkbox"/>

DATE \_\_\_\_\_

CAMPUS \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

BARGAINING UNIT \_\_\_\_\_

IMMEDIATE  
SUPERVISOR \_\_\_\_\_

---

NAME	CLASSIFICATION	CAMPUS TELEPHONE NUMBER
------	----------------	-------------------------

---

Term of agreement alleged violated (contract provision number)

---

Detailed description of the grounds of the grievance (include names, dates, places, and times)

(If more space is needed, additional sheets may be attached.) Cont'd on Page 2

Proposed Remedy:

Grievant's Signature \_\_\_\_\_

Name of representative \_\_\_\_\_

Name and address of union \_\_\_\_\_

---

Response:

LEVEL II

LEVEL III

LEVEL IV

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Please provide one copy of each grievance filing or response to: a) employee;  
b) employer (level of filing) ; c) Employee Relations Division, Office of the  
Chancellor

DATE :

GRIEVANT :

DESCRIPTION OF GRIEVANCE - CONT'D