

GRIEVANCE FORM

(CFT and ACPSOP)

Name of Grievant

Position Title

School/Office

Name of Administrator

Building Representative _____ **Field Representative** _____

Briefly state the issue(s):

Cite section(s) of Collective Bargaining Agreement allegedly violated:

What remedy is sought?

Did grievant meet with the administrator about the issue(s)? () Yes () No

Was form submitted to the administrator for a Level 1 response () Yes () No. **If yes, date**

Date

Revised 9/00

Grievant's Signature

Administrator – Level 1 Response

Cite and include rules, regulations, policy or other basis for the decision in your response. Attach additional pages as necessary. (Date – Conference Held – If applicable _____.)

Date

Signature and Title of Administrator

NOTE: Distribute copies to the following: 1) Grievant 2) CFT or ACPSOP Office 3) Department of Human Resources

Appeal – Level 1

CFT/ACPSOP appeals the above decision to Level

Date

Signature of CFT/ACPSOP Representative

Administrator – Level 2 Response

Cite and include rules, regulations, policy or other basis for the decision in your response.

Date

Signature and Title of Administrator

Appeal – Level 2

CFT/ACPSOP appeals the above decision to Level 3

Date

Signature of CFT/ACPSOP Representative

ALTERNATE GRIEVANCE PANEL DECISION

In the matter of _____,

the following decision has been reached by the AGP: (check one)

- Grievance Denied*
- Grievance Sustained*
- Panel Tied 2-2*

Remedy (If grievance sustained)

Signature of Panel Members _____

_____ ***Date***