

**CONTRA COSTA COMMUNITY COLLEGE DISTRICT  
STATEMENT OF GRIEVANCE**

EMPLOYEE NAME	COLLEGE	DEPARTMENT
DATE OF ALLEGED GRIEVANCE	DATE OF INFORMAL DISCUSSION WITH DEAN OR DESIGNEE	DATE OF ORAL RESPONSE
DATE OF FILING OF THIS STATEMENT	INVOLVED MANAGER(S) AND SPECIFIC ARTICLES AND SECTIONS ALLEGED TO HAVE BEEN VIOLATED	
EMPLOYEE'S STATEMENT OF ALLEGED VIOLATION AND GRIEVANCE. WHAT IS THE FACTUAL CONTENTION, WHAT HAS OCCURRED? PROVIDE FULL FACTS NECESSARY TO SUPPORT YOUR POSITION.		
STATE FULL RELIEF, REMEDY, ACTION, YOU BELIEVE IS REQUIRED TO RESOLVE THIS ALLEGED GRIEVANCE:		
I. COLLEGE PRESIDENT OR DESIGNEE, RESPONSE TO ALLEGED GRIEVANCE:	DATE OF RECEIPT:	
	DATE OF RESPONSE:	
	GRIEVANCE RESOLVED:	
	GRIEVANCED DENIED:	
II. CHANCELLOR/DESIGNEE, RESPONSE TO ALLEGED GRIEVANCE:	DATE OF RECEIPT:	
	DATE OF RESPONSE:	
	GRIEVANCE RESOLVED:	
	GRIEVANCE DENIED:	
WRITTEN NOTICE OF APPEAL TO A "FACT-FINDING PANEL" MUST BE FURNISHED WITHIN FIFTEEN (15) WORK DAYS TO THE CHANCELLOR. DATE OF UNITED FACULTY NOTICE: _____		
(OPTIONAL)		
III. FACT-FINDING PANEL:  THE DECISION OF THE PANIS IS: (IF APPLICABLE)	DATE OF HEARING:	
	DATE OF RESPONSE:	
IV. BOARD OF TRUSTEES:  THE DECISION OF THE BOARD IS: (IF APPLICABLE)	DATE OF RECEIPT:	
	DATE OF BOARD MEETING:	
	DATE OF DECISION:	