

**Appendix Q**  
**GRIEVANCE – LEVEL II**  
**Cabrillo College Federation of Teachers**

Grievant's Name \_\_\_\_\_  
If CCFT is the grievant, list bargaining unit member(s) affected

Address: \_\_\_\_\_

Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Person to whom Level II response should be sent: \_\_\_\_\_

Copy of Level I Grievance attached

Statement of reasons for appeal:

Grievant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of scheduled personal conference: \_\_\_\_\_

Level II Decision:

Signature of Superintendent/President: \_\_\_\_\_ Date: \_\_\_\_\_