

Appendix P
GRIEVANCE – LEVEL I
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 I response should be sent: _____

Statement of Grievance (include names, dates and places necessary for a complete understanding of grievance):

Specific section(s) of the contract which the grievant believes have been violated:

Specific actions which will remedy the grievance:

Date when attempt at informal resolution was made to immediate supervisor: _____

Grievant's Signature: _____ Date: _____

Level I Decision:

Signature of immediate supervisor: _____ Date: _____

One copy of the grievance must be submitted to the grievant's immediate supervisor, and one copy to the CCFT. Grievant keeps the third copy.