

**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.**