

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: _____