CHABOT-LAS POSITAS COMMUNITY COLLEGE DISTRICT
Office of Human Resources
Faculty Grievance Tracking Form

(See Collective Bargaining Agreement for Specific Requirements)

(Please Print)   Grievance number _____

Print name: _____
                        (Last)   (First)   (Middle)

Position title: _____

Division/Office: _____

Name of immediate supervisor: _____

LEVEL I

I.   Date alleged violation occurred: ____/____/____

II. Date initial meeting with immediate supervisor and/or managers involved: ____/____/____

LEVEL II

I.   Date Level II written grievance was presented to College President or designee: ____/____/____

II. Specific contract article, section and page of agreement allegedly violated:
_____
_____
_____
_____

III. Clear and concise statement of circumstances which gave rise to the grievance:
_____
_____
_____
_____

IV. Remedy or corrective action requested:
_____
_____
_____
_____

V. Date written grievance submitted by aggrieved to College President or designee: ____/____/____

VI. Date grievance committee sent investigation report and written grievance to College President

or designee: ____/____/____

VII. Date of Level II meeting: ____/____/____

VIII. Date Level II written decision by College President or designee delivered to grievant, grievance officer, President of Faculty Association and Chief Human Resource Officer: ____/____/____

IX. Written decision of College President or designee:

_____
_____
_____
_____

Respondent's signature: _____ Date: ____/____/____

LEVEL III

I.   Date grievant requested meeting with Chancellor or designee: ____/____/____

II. Date of Level III meeting: ____/____/____

III. Date Level III written decision by Chancellor or designee delivered to grievant, grievance officer, President of the Faculty Association, and Chief Human Resource Officer: ___/___/___

IV. Written decision of Chancellor or designee:

_____
_____
_____
_____

Respondent's signature: _____ Date: ____/____/____

LEVEL IV

Date Faculty Association provided written notice to Chancellor that grievance is being submitted to arbitration: ____/____/____

Faculty Association signature: _____ Date: ____/____/____

Submit original to: Office of Human Resources
                       7600 Dublin Boulevard, 3rd Floor
                       Dublin CA 94568

Reference: **Article 7A.19 – Faculty Collective Bargaining Agreement**