

**Sonoma County Junior College District
GRIEVANCE FORM**

Name of Grievant: _____ Date: _____

Department Position Title Supervisor: Name & Title

Situation Occurred: Date: _____ Time: _____ Place: _____

What article of the contract was violated, misinterpreted or misapplied?

Article No. Article Title

I. Circumstances of Grievance—A clear, concise statement of facts including names, dates, and places. (Use second sheet, if necessary.)

II. In what way have you been affected adversely?

III. What remedy do you propose?

IV. Have you made an effort to resolve the problem informally? Yes _____ No _____

If yes, please describe (including date of conference participants, and decision rendered).

Grievant is represented by: AFA _____ Self _____ Other _____

Signature of Grievant

Signature of Employee's Representative