

**FOOTHILL – DE ANZA COMMUNITY COLLEGE DISTRICT**  
**NOTICE OF GRIEVANCE**

Grievant's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
  (Street)  (City)  (Zip)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Site: \_\_\_\_\_

Department: \_\_\_\_\_ Classification: \_\_\_\_\_

Dept: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

Approximate Date Grievance Occurred: \_\_\_\_\_

1. STATEMENT OF GRIEVANCE (Be specific. What happened and where?):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. WITH WHOM IS GRIEVANCE FILED: \_\_\_\_\_

3. MEMORANDUM, RULE, LAW, REGULATION, POLICY VIOLATED, IMPROPERLY INTERPRETED OR MISAPPLIED, OR ANY OTHER RULE, REGULATION, POLICY OR SECTION OF THE AGREEMENT APPLICABLE TO SAID ACT, INCLUDING BUT NOT LIMITED TO:  
\_\_\_\_\_

4. CORRECTIVE REMEDY: \_\_\_\_\_

5. INFORMAL ATTEMPT TO RESOLUTION: \_\_\_\_\_

GRIEVANT: \_\_\_\_\_ DATE: \_\_\_\_\_

STEWARD: \_\_\_\_\_ DATE: \_\_\_\_\_

UNION REPRESENTATIVE: \_\_\_\_\_ DATE: \_\_\_\_\_

EMPLOYER COPY RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

(Give copies to: Grievant and Union)-over-

**FIRST LEVEL OF REVIEW**

(File with supervisor/administrator, copies to Director, Human Resources and ACE)

1. To be completed by grievant:

Request for conference: ( ) Yes ( ) No

Designation of representative: ( ) Yes ( ) No

Name of representative: \_\_\_\_\_

Grievant's signature: \_\_\_\_\_

2. To be completed by immediate supervisor/administrator:

Date grievance was filed: \_\_\_\_\_

Immediate supervisor's decision and reason(s) for decision: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Immediate supervisor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECOND LEVEL OF REVIEW**

(File with second level administrator, copies to Director, Human Resources and ACE)

1. To be completed by grievant:

Request for conference: ( ) Yes ( ) No

Name of representative (if different from first level): \_\_\_\_\_

Grievant's signature: \_\_\_\_\_

2. To be completed by Manager:

Date grievance was filed at second level: \_\_\_\_\_

Decision of Administrator, and reason(s) for decision: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Administrator's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUEST FOR ARBITRATION** (File with Director, Human Resources)

Grievant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of authorized representative of ACE: \_\_\_\_\_