**Faculty Assembly (FA) • Office of the Ombuds Advisory Committee (OmAC)**

***Concern Review Request***

**Cover Sheet**

The Office of the Ombuds is here to assist all full time faculty members in resolving issues related to their working conditions and ensure faculty rights are protected. It is advised that the Faculty member with the concern contact the Ombudsperson for an informal consultation regarding the matter prior to completing this form.

As part of the Office of the Ombuds procedure for reviewing issues, concerns, conflicts, problems, or possible grievances pertaining to working conditions, faculty members will submit a *Concern Review Request (CRR)* form outlining the issue, concern, problem, and/or possible grievance. Please fill out this request completely, being as specific as possible. NOTE: This information will remain CONFIDENTIAL to the extent permitted by law as it is reviewed by the Ombuds Advisory Committee.

Note: Issues regarding possible sexual harassment or discrimination are matters of law and need to be reported to Human Resources immediately. These matters are not addressed as part of the faculty concern review process or grievance procedure.

*Ombuds Advisory Committee* considers issues related to ***working conditions*** identified as:

1. Working conditions: *compensation*
2. Working conditions: *contractual*
3. Working conditions: *personnel*
4. Faculty to faculty
5. Faculty to administrator
6. Working conditions: *other*

**Initiator**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mail Station\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office or position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tenured: Yes\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_

Name of immediate supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and position of party relative to whom the issue/concern is addressed:

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

Date of occurrence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Filed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of informal meeting w/ initiator and immediate supervisor:

**Checklist**

You may use the checklist that follows to be certain all the information is included in your statement for review. Be sure to cite and specifically identify and address any working conditions rule, policy, procedure, accepted past practice, or regulation that has allegedly been misapplied or misinterpreted, and how it has been misapplied or misinterpreted.

Briefly and specifically identify the following in your *Statement of Concern*:

1. The action, decision, issue or situation by which you are concerned.

2. Dates of Occurrence

a. Date of action, or

b. The date when you discovered the action upon which your concern is based.

3. A narrative statement describing the following:

a. How the matter arose

b. What notice you received concerning this matter

c. When the notice was received

d. From whom the notice was received

e. Subsequent actions taken by you, and

f. Any prior proceedings taken within your academic unit to resolve

the matter.

ENTER YOUR *STATEMENT OF CONCERNS* & RATIONALE ON THE FOLLOWING PAGES

**PART 1: Statement of Concerns**

(You may attach more pages if more space is required for your detailed statement. However briefly and succinctly identify the issue on which the concern is based.)

**PART 2: What working conditions are involved, and how have they been specifically violated, misapplied, or misinterpreted?**

(Please specifically identify, cite, and address each violation.)

(You may attach more pages if more space is required. However briefly and succinctly identify the working conditions issues on which the grievance is based.)

**PART 3: What resolution of this matter do you request?**

(Please be specific; “resolution of this matter” is not sufficiently specific.)

**Part 4: To the best of your knowledge, who is the lowest level administrative officer who would be able to resolve, correct, or address this concern?**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mail Station: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Campus Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 5: Please provide any names of witnesses or persons who may have relevant information that could be of help in resolving this concern.**

(You may attach more pages if more space is required for your detailed statement. However briefly and succinctly identify the issue on which the concern is based.)

Parts 6, 7, & 8 address potential issues or concerns arising from the process regarding promotion and tenure processes. If your concern relates to your dismissal or denial of reappointment, please read and address relevant portions of the ***Professional Growth and Evaluation Handbook*** regarding promotion and tenure. For these grievances please address parts 6, 7 and 8,. If not, please leave blank and continue to Part 9.

**Part 6: What is the basis of your claim that you were not fairly evaluated?**

(In the case of procedural defects, please cite specific procedure as defined in the handbook for faculty undertaking the tenure process, and discuss how the procedure was defective. Explain any action taken. Be as specific as possible.)

(You may attach more pages if more space is required for your detailed statement. However briefly and succinctly identify the issue on which the grievance is based.)

**Part 7: What prejudicial factor, if any, led to denial of reappointment or dismissal?** (i.e., the use of criteria violating academic freedom or the law,

or criteria not outlined in the handbook.)

Please be specific as to the nature of the prejudicial factor.

(You may attach more pages if more space is required for your detailed statement. However briefly and succinctly identify the issue on which the concern is based.)

**Part 8: Briefly outline your academic career at MiraCosta College, by giving dates of initial appointment, renewal, and promotion and tenure decisions.**

Dates Rank

Initial Appointment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Renewals: (use as many lines as appropriate)

a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

c. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

d. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Promotions:

a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Original Tenure Decision Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please provide specific information regarding modifications, delays, or adjustments to original tenure decision date.**

Modified Tenure Decision Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reasons for modification (assistance plan, etc):

(You may attach more pages if more space is required for your detailed statement. However briefly and succinctly identify the issue on which the grievance is based.)

**Part 9: Please read compliance statement and sign below.**

**Check to make sure all pages are included in submission to the**

***Faculty Assembly Ombuds Advisory Committee (OmAC).***

**Compliance Statement**:

The answers to all questions asked are, to the best of my knowledge, complete and correct.

I understand that a meeting of the OmAC may be formed to determine proper procedural channels, and I will be informed of this decision by the OmAC. I understand that a meeting of the OmAC can include my participation in the discussion. I agree that I will respond promptly if a meeting of the OmAC is convened in my case. I understand that the OmAC will review the elements of my concerns even if I choose not to participate in the review meeting and that the OmAC will make a recommendation in the matter to the *Faculty Assembly President*.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Title or Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**