# MiraCosta College Grievance Initiation Form: LEVEL 2

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| Grievant Information |
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| Name: |  |  |  Date: |  |

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| Email: |  |

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| Department: |  |

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| Statement |
| Date of alleged violation: |  |
| Location (if applicable): |  |

Identify specific term of the Collective Bargaining Agreement (CBA) to have been violated.

Check all that apply:

[ ]  Regulation [ ]  Policy [ ]  Procedure [ ]  Statutory Requirement

[ ]  Accepted Past Practice

Have you met with your dean or lowest-level administrator to informally resolve the alleged violation? [ ]  No [ ]  Yes If yes, provide date:

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| Statement |
| **Provide a clear, concise statement of the alleged grievance, including as applicable the circumstances involved and the decision (if any) rendered at the informal conference(s):**      |

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| **Name(s) of individual(s) who can or may provide information regarding the alleged violation:**  |
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| Solution |
| **Specific remedy sought:**       |

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|  |  |  |
| Signature |  | Date |

Attach any related documentation if necessary.

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| Forward this form to your Dean or lowest-level administrator. |
| Dean’s/Lowest Level Administrator’s Name: |  |

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| Forward a copy of this form to the Faculty Assembly ombudsperson and/or authorized FA representative. |
| Faculty Assembly Representative’s Name:  |  |