# MiraCosta College Grievance Initiation Form: LEVEL 2

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| --- | --- | --- |
| Grievant Information | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Name: |  |  | Date: |  | | | |
| |  |  | | --- | --- | | Email: |  | | | |
| |  |  | | --- | --- | | Department: |  | | | |
| 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:

|  |
| --- |
| 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):** |

|  |  |  |
| --- | --- | --- |
| **Name(s) of individual(s) who can or may provide information regarding the alleged violation:** | | |
|  |  |  |

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| --- |
| Solution |
| **Specific remedy sought:** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature |  | Date |

Attach any related documentation if necessary.

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

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