

**THE CALIFORNIA STATE UNIVERSITY  
GRIEVANCE PROCEDURE FORM  
UNIT 4**

**APPENDIX E**

**LEVEL OF FILING**

**DATE OF FILING**

**Campus:** \_\_\_\_\_

Level I - President

\_\_\_\_\_

Level II - Campus Relations/Dispute  
Resolution, Office of the  
Chancellor

\_\_\_\_\_

**GRIEVANT'S NAME**

**CLASSIFICATION**

**CAMPUS TELEPHONE NUMBER**

Specific term of agreement alleged violated (provide Unit 4 contract provision number):

Detailed description of the grounds of the grievance (include dates, places, times, etc.):

(If more space is needed, additional sheets may be attached.)

Proposed remedy:

Grievant's signature:

Grievant's address:

Name of representative:

Representative's address and telephone number:

Response:       Level I       Level II

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide one copy of each grievance filing or response to: a) employee; b) employer (level of filing); c) Campus Relations and Dispute Resolution, Office of the Chancellor, 401 Golden Shore, 4<sup>th</sup> Floor, Long Beach, CA 90802-4210; d) employee's representative.

(Revised 9/14/2007)