

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

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, 4th Floor, Long Beach, CA 90802-4210; d) employee's representative.

(Revised 9/14/2007)