

**APPENDIX I  
GRIEVANCE FORMAT**

**STEP 1**

**STEP 2**

Grievant's Name \_\_\_\_\_

Campus and Department \_\_\_\_\_

Telephone \_\_\_\_\_

PSCFA Grievance Committee Representative \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Incident Being Grieved \_\_\_\_\_

Section(s) of Collective Bargaining Agreement Related to Grievance:

\_\_\_\_\_

Specific Description of Violation/Misapplication of Above Section(s) (including resultant harm to grievant):

\_\_\_\_\_

Specific Remedy Sought by Grievant:

\_\_\_\_\_

Step One Response Due Date  
(14 College business days after receipt of this form) \_\_\_\_\_

Step Two Response Due Date  
(20 College business days after receipt of this form) \_\_\_\_\_

Immediate Supervisor Response: \_\_\_\_\_

\_\_\_\_\_  
Signature of Grievant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by (Immediate Supervisor or designee)

\_\_\_\_\_  
Date

cc: PSCFA President  
Board of Trustees Contract Administrator

**\*This appendix may be used as a form for submission of a grievance or as a format to follow when submitting a grievance. Attach additional pages as necessary. Please ensure that all requested information is included.**