## CSU / SEIU DISTRICT 1199 GRIEVANCE FORM

Submit original to management and make four (4) copies and distribute to: (1) Grievant, (2) Grievance Chair. (3) Union Organizer, and (4) Delegate of Record.

EMPLOYEE	DATE
JOB TITLE	
DEPARTMENT	
SUPERVISOR	DATE OF HIRE
Summarize nature of grievance contract violations,	e: Please specify the basis of the grievance, including all
DESIRED REMEDY:	
Step 1: Informal Resolution (D even on which the grievance is b Discussion Date:	,
Supervisor's Response:	
Step 2: Written Appeal to Vice Pi	resident for HRD (within 10 working days after receipt of Step
Date Filed:	Meeting Date:
Date Response Received (within	10 working days of meeting):
Response:	

**Step 3: Written Appeal to Arbitration** (Separate form to be filled out for Request for Arbitration. Notice to Vice President for HRD within 10 working days after the next regularly scheduled Union Executive Board)

Meeting, but no later than 45 calendar days after receipt of the Step 3 response.			
Date Filed:	Arbitration Date:		
Date response received from Arbitrator:			
Resolution:			
Mediation (Optional) (All parties r calendar day period prior to Arbit confined in writing;			
Step 4: Notification of intent to arbitrate extended until 21 calendar days after conclusion of mediation, if used.)			
Date Requested:	Mediation Date:		
Relevant Information/Resolution:			
Unless otherwise indicated, by signing this grievance form, the aggrieved employee grants authorization to the Union to act in his/her behalf and to advance the grievance through the steps of the grievance procedure.			
Signature of Aggrieved Employee	e	Date	
Signature of Union Representative	/e	Date	
I do not wish the Union to advance my grievance without express authorization.			