GRIEVANCE FORM

UNIVERSITY OF CALIFORNIA, BERKELEY
AND
ALAMEDA COUNTY BUILDING AND CONSTRUCTION TRADES COUNCIL

Name of Grievant(s):

Name of Grievant's Representative:

Representative's Title:

Representative's Address:

Representative's Telephone Number:

A. State the specific section(s) and provision(s) of the Agreement alleged to have been violated.

B. Explain the action being grieved and how it violated the above mentioned provision.

C. Explain how the employee was adversely affected.

D. Describe the remedy requested.

Filed by: Received by:

__________________________________________  ______________________________________
Signature and date                             Signature and date

__________________________________________  ______________________________________
Print or type name                             Print or type name