

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