

**APPENDIX XX  
GRIEVANCE FORM**

<b>UC/UAPD (DX UNIT) GRIEVANCE FORM</b>		Allegations of a violation of the Agreement in effect between the University and UAPD must be filed with the University using this form. For specific information concerning the filing of a grievance, including deadlines and filing requirements, please refer to Article XX – Grievance Procedure. Failure to adhere to filing requirements may render the grievance invalid.	
GRIEVANT'S NAME		NAME OF GRIEVANT'S IMMEDIATE SUPERVISOR	
CAMPUS	DEPARTMENT	WORK TELEPHONE NUMBER	
EMPLOYEE CLASSIFICATION TITLE		NON-WORK ADDRESS TO WHICH CORRESPONDENCE MAY BE SENT	
EMPLOYEE EMPLOYMENT STATUS <input type="checkbox"/> Career/Regular <input type="checkbox"/> Probationary <input type="checkbox"/> Per Diem <input type="checkbox"/> Limited Appointment		GRIEVANT'S NORMAL HOURS OF WORK	
IF REPRESENTED IN THIS GRIEVANCE, PROVIDE THE FOLLOWING:			
REPRESENTATIVE'S NAME	REPRESENTATIVE'S ORGANIZATION	REPRESENTATIVE'S TELEPHONE NUMBER	
REPRESENTATIVE'S ADDRESS TO WHICH CORRESPONDENCE SHOULD BE SENT			
TYPE OF GRIEVANCE: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GROUP (LIST ALL GRIEVANTS) <input type="checkbox"/> UNION (MUST BE SIGNED BY UAPD STAFF)		DATE OF ACTION CAUSING GRIEVANCE ___/___/___	
SPECIFIC ARTICLE(S) AND SECTION(S) OF THE CONTRACT ALLEGED TO BE VIOLATED			
CLEAR CONCISE STATEMENT OF GRIEVANCE (ATTACH ADDITIONAL SHEETS IF NECESSARY)			
REMEDY REQUESTED			
SIGNATURE OF GRIEVANT OR REPRESENTATIVE			DATE

### GRIEVANCE REVIEW – STEP 1

<b>TO BE COMPLETED BY UC ONLY</b>		
DATE STEP 1 GRIEVANCE RECEIVED BY UC	DATE OF UC RESPONSE	
STEP 1 DECISION		
PRINTED NAME AND TITLE OF STEP 1 REVIEWER		TELEPHONE NUMBER
SIGNATURE OF STEP 1 REVIEWER		
<b>TO BE COMPLETED BY GREIVANT OR GREIVANT'S REPRESENTATIVE</b>		
<input type="checkbox"/> I DO NOT ACCEPT THE STEP 1 DECISION. THIS GRIEVANCE IS APPEALED TO STEP 2	GRIEVANT'S AND/OR REPRESENTATIVE'S SIGNATURE X _____	DATE
UNRESOLVED ISSUES		

### GRIEVANCE REVIEW – STEP 2

<b>TO BE COMPLETED BY UC ONLY</b>		
DATE STEP 2 GRIEVANCE RECEIVED BY UC	DATE OF UC RESPONSE	
<input type="checkbox"/> STEP 2 DECISION ATTACHED		
PRINTED NAME AND TITLE OF STEP 1 REVIEWER		TELEPHONE NUMBER
SIGNATURE OF STEP 2 REVIEWER		
<b>TO BE COMPLETED BY GREIVANT OR GREIVANT'S REPRESENTATIVE</b>		
<input type="checkbox"/> I DO NOT ACCEPT THE STEP 2 DECISION. THIS GRIEVANCE IS APPEALED TO STEP 3	GRIEVANT'S AND/OR REPRESENTATIVE'S SIGNATURE X _____	DATE
UNRESOLVED ISSUES		

### GRIEVANCE REVIEW – STEP 3

<b>TO BE COMPLETED BY UC ONLY</b>		
DATE STEP 3 GRIEVANCE RECEIVED BY UC	DATE OF UC RESPONSE	
<input type="checkbox"/> STEP 3 DECISION ATTACHED		
PRINTED NAME AND TITLE OF STEP 3 REVIEWER		TELEPHONE NUMBER
SIGNATURE OF STEP 3 REVIEWER		