

## GRIEVANCE FORM

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

<b>NAME OF GRIEVANT:</b> LAST                                      FIRST                                      MI			<b>GRIEVANCE NUMBER (TO BE COMPLETED BY THE UNIVERSITY):</b>
<b>GRIEVANT JOB TITLE:</b>	<b>GRIEVANT DEPARTMENT:</b>		<b>NAME OF GRIEVANT SUPERVISOR:</b>
<b>REPRESENTATIVE'S NAME:</b>			<b>REPRESENTATIVE'S PHONE NUMBER:</b>
<b>TYPE OF GRIEVANCE</b> <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GROUP (LIST ALL NAMES IN ATTACHMENT) <input type="checkbox"/> UNION		<b>SPECIFIC ARTICLE(S) &amp; SECTION(S) OF THE UC/ACBCTC AGREEMENT ALLEGED TO BE VIOLATED</b>	
<b>DESCRIPTION OF THE ALLEGED VIOLATION OF THE AGREEMENT. PLEASE DESCRIBE IN DETAIL THE FACTS AND CIRCUMSTANCES (INCLUDING DATES) THAT EXPLAIN HOW THE ARTICLE(S) AND SECTION(S) WERE VIOLATED. (ATTACH SEPARATE SHEET OF PAPER IF NEEDED.)</b>			
<b>REMEDY REQUESTED:</b>			
<b>GRIEVANT'S SIGNATURE:</b>			<b>DATE:</b>
<b>RESPRESENTATIVE'S SIGNATURE (IF REPRESENTED):</b>			<b>DATE:</b>

The completed grievance form shall be sent to [grieve@berkeley.edu](mailto:grieve@berkeley.edu).