FACULTY ASSOCIATION
RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT
STATEMENT OF GRIEVANCE FORM

DIRECTIONS: FILE WITH THE ADMINISTRATOR WHOSE ACTIONS THE ALLEGED GRIEVANCE IS BASED UPON.

GRIEVANT NAME:	SITE:	DEPARTMENT:
DATE OF ALLEGED GRIEVANCE:	NAME OF ADMINISTRATOR WHO TOOK THE ALLEGED ACTION PROMPTING THE GRIEVANCE:	TITLE OF ADMINISTRATOR:
DATE OF FILING WRITTEN STATEMENT:	SPECIFIC ARTICLES AND SECTIONS ALLEGED TO HAVE BEEN VIOLATED:	
GRIEVANT'S STATEMENT OF ALLEGED VIOLATION AND GRIEVANCE. WHAT IS THE FACTUAL CONTENTION? WHAT HAS OCCURRED? PROVIDE FULL FACTS NECESSARY TO SUPPORT YOUR POSITION.		
STATE FULL RELIEF/REMEDY/ACTION YOU BELIEVE IS REQUIRED TO RESOLVE THIS ALLEGED GRIEVANCE.		
GRIEVANT SIGNATURE:		