

FEATHER RIVER FEDERATION OF TEACHERS
FEATHER RIVER COMMUNITY COLLEGE DISTRICT

CERTIFICATED EMPLOYEE GRIEVANCE FORM

(For complete information, refer to the FRCCD — FT or PT AFT/CFT Contract)

1. Name of Grievant(s): _____

Work Extension: _____ Other Telephone (optional): _____

Immediate Supervisor: _____

2. Grievance Step (check one): Step 1 _____ Step 2 _____ Step 3 _____

3. Articles Grieved: _____

Section(s): _____

Paragraph: _____

Date of Violation: _____ Date Filed: _____

Grievant shall present his/her grievance within twenty (20) days after the Grievant knew or could have known the condition upon which the grievance is based.

4. **Statement of Grievance:** (Include a description of the specific factual basis for the grievance, including names, dates and places necessary for a complete understanding of the grievance. Use additional sheets if necessary.)

5. *If this grievance is at Step 2 or Step 3, please attach prior step written grievance and written decision and state reasons why the prior step written decision is unacceptable to the Grievant. (Use additional sheets if necessary.)*

6. **Relief, Remedy of Action Sought:** (Use additional sheet if necessary.)

Grievant Signature: _____

Date: _____