

**DCFA CBA - Appendix B
Grievance Form**

1. Background Information

Grievant(s') Name(s): _____

Grievant(s') College Position Title(s): _____

Specific CBA Provisions Alleged to Be Violated: _____

Date(s) of Alleged CBA Violation: _____

Describe How the Cited CBA Provisions Are Being Violated: _____

Requested Relief: _____

Grievant(s') Signature(s): _____

2. Informal Discussion (Associate Dean or Dean)

Date Grievant(s) Requested Informal Discussion in Writing: _____

Associate Dean or Dean Receiving Informal Discussion Request: _____

Date Informal Discussion Request Received: _____

Date of Informal Discussion: _____

College Representative(s) Participating in Informal Discussion: _____

Faculty Member(s) Participating in Informal Discussion: _____

College Associate Dean or Dean Grievance Response: _____

Signature of Associate Dean or Dean: _____

Date of Grievance Response: _____

3. Step One (Vice President of Instruction and Learning Services)

Date Grievant(s) Submitted Written Step One Grievance: _____

Date Vice President Received Step One Grievance: _____

Date of Step One Meeting: _____

College Representative(s) Participating in Step One Meeting: _____

Faculty Member(s) Participating in Step One Meeting: _____

Vice President Grievance Response: _____

Vice President Signature: _____

Date of Grievance Response: _____

4. Step Two (President)

Date Grievant(s) Submitted Written Step Two Grievance: _____

Date President Received Step Two Grievance: _____

Date of Step Two Meeting: _____

College Representative(s) Participating in Step Two Meeting: _____

Faculty Member(s) Participating in Step Two Meeting: _____

President Grievance Response: _____

President Signature: _____

Date of Grievance Response: _____

5. Step Three (Mediation)

Date Grievance Mediation Request Filed with MERC: _____

Date Copy of MERC Grievance Mediation Request Sent to College: _____

Date Copy of MERC Grievance Mediation Received By College: _____

6. Step Four (Arbitration)

Date Arbitration Request Sent to AAA: _____

Date Copy of Arbitration Request Sent to Director of Human Resources: _____

Date Director of Human Resources Received Arbitration Request: _____