

**APPENDIX I**  
**GRIEVANCE FORMAT (STEP 1)\***

Grievant's Name \_\_\_\_\_

Campus and Department \_\_\_\_\_

Mailing Address \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PSCFA Grievance Committee Representative \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Incident Being Grieved \_\_\_\_\_

Section(s) of Collective Bargaining Agreement Related to Grievance:  
\_\_\_\_\_

Specific Description of Violation/Misapplication of Above Section(s) (including resultant harm to grievant):

Specific Remedy Sought by Grievant:

Step One Response Due Date (14 College business days after receipt of this form) \_\_\_\_\_

Immediate Supervisor Response:

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Signature of Grievant

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Date

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Received by (Immediate Supervisor or designee)

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Date

cc: PSCFA President  
Board of Trustees Contract Administrator

**\*This appendix may be used as a form for submission of a grievance or as a format to follow when submitting a grievance. Attach additional pages as necessary. Please insure that all requested information is included.**