THE CALIFORNIA STATE UNIVERSITY GRIEVANCE FORM UNIT 3

Name:	Date of Submission to Campus:
Classification:	Name of CFA Contact or other
Department or	Representative:
Equivalent Unit:	Address of CFA Contact or other
Representative:	
Campus:	
Email address:	
 procedure under which this grievance shall be A: the Contractual Procedure □ If no election made, the grievance shall autom procedure. 	natically be processed under the contractual
B: the Statutory Procedure (Faculty Hearing (
Unless accompanied by Authorized CFA Sign	ature, CFA has not agreed to representation.
Authorized CFA Signature:	; CFA agrees to representation.
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Claimed Violation(s)

Term or terms of agreement alleged violated, misapplied or misinterpreted (provision number or numbers) for Contractual Procedure. Or any rights alleged violated in connection with his/her job classification, benefits, working conditions, appointment, reappointment, tenure, promotion, reassignment, or the like, including but not limited to rights arising under the agreement for Statutory Procedure.

Brief description of the grounds of the grievance including names, dates, places, times, etc., necessary for complete understanding):

Grievant Signature:	Date:	
Proposed remedy:		

IMPORTANT NOTE: The collective bargaining agreement requires that all grievances be filed by:

- 1. Personal Delivery,
- 2. Certified Mail, with Return Receipt, or
- 3. Electronically (email or fax) with scanned, signed copy.

CSU responses shall be provided to: (a) grievant(s); (b) CSU Campus Relations and Dispute Resolution, Office of the Chancellor, 401 Golden Shore, 4th Floor, Long Beach, California 90802-4210; and (c) CFA, 1110 K Street, Sacramento, CA 95814.

LEVEL OF FILING Level I – (Statutory and Contractual Grievances)	Date:
25-day Informal Resolution Request \Box	
Level II - (C.O Contractual Grievances only)	Date:

Response: