

## APPENDIX 2

<b>UC/UAPD (DX UNIT) GRIEVANCE FORM</b>		Allegations of a violation of the Agreement in effect between the University and UAPD must be filed with the University using this form. For specific information concerning the filing of a grievance, including deadlines and filing requirements, please refer to Article 34 – Grievance Procedure. Failure to adhere to filing requirements may render the grievance invalid.	
GRIEVANT'S NAME		NAME OF GRIEVANT'S IMMEDIATE SUPERVISOR	
CAMPUS	DEPARTMENT	WORK TELEPHONE NUMBER	
EMPLOYEE CLASSIFICATION TITLE		NON-WORK ADDRESS TO WHICH CORRESPONDENCE MAY BE SENT	
EMPLOYEE EMPLOYMENT STATUS <input type="checkbox"/> Career/Regular <input type="checkbox"/> Probationary <input type="checkbox"/> Per Diem <input type="checkbox"/> Limited Appointment		GRIEVANT'S NORMAL HOURS OF WORK	
IF REPRESENTED IN THIS GRIEVANCE, PROVIDE THE FOLLOWING:			
REPRESENTATIVE'S NAME	REPRESENTATIVE'S ORGANIZATION	REPRESENTATIVE'S TELEPHONE NUMBER	
REPRESENTATIVE'S ADDRESS TO WHICH CORRESPONDENCE SHOULD BE SENT			
TYPE OF GRIEVANCE: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> GROUP (LIST ALL GRIEVANTS) <input type="checkbox"/> UNION (MUST BE SIGNED BY UAPD STAFF)		DATE OF ACTION CAUSING GRIEVANCE	
SPECIFIC ARTICLE(S) AND SECTION(S) OF THE CONTRACT ALLEGED TO BE VIOLATED			
CLEAR CONCISE STATEMENT OF GRIEVANCE (ATTACH ADDITIONAL SHEETS IF NECESSARY)			
REMEDY REQUESTED			
SIGNATURE OF GRIEVANT OR REPRESENTATIVE			DATE

## GRIEVANCE REVIEW -- STEP 1

TO BE COMPLETED BY UC ONLY		
DATE STEP 1 GRIEVANCE RECEIVED BY UC		DATE OF UC RESPONSE
STEP 1 DECISION		
PRINTED NAME AND TITLE OF STEP 1 REVIEWER		TELEPHONE NUMBER
SIGNATURE OF STEP 1 REVIEWER		
TO BE COMPLETED BY GREIVANT OR GRIEVANT'S REPRESENTATIVE		
<input type="checkbox"/> I DO NOT ACCEPT THE STEP 1 DECISION. THIS GRIEVANCE IS APPEALED TO STEP 2	GRIEVANT'S AND/OR REPRESENTATIVE'S SIGNATURE	DATE
UNRESOLVED ISSUES		

## GRIEVANCE REVIEW -- STEP 2

TO BE COMPLETED BY UC ONLY		
DATE STEP 2 GRIEVANCE RECEIVED BY UC		DATE OF UC RESPONSE
<input type="checkbox"/> STEP 2 DECISION ATTACHED		
PRINTED NAME AND TITLE OF STEP 2 REVIEWER		TELEPHONE NUMBER
SIGNATURE OF STEP 2 REVIEWER		
TO BE COMPLETED BY GREIVANT OR GRIEVANT'S REPRESENTATIVE		
<input type="checkbox"/> I DO NOT ACCEPT THE STEP 2 DECISION. THIS GRIEVANCE IS APPEALED TO STEP 3	GRIEVANT'S AND/OR REPRESENTATIVE'S SIGNATURE	DATE
UNRESOLVED ISSUES		

## GRIEVANCE REVIEW -- STEP 3

TO BE COMPLETED BY UC ONLY	
DATE STEP 3 GRIEVANCE RECEIVED BY UC	DATE OF UC RESPONSE
<input type="checkbox"/> STEP 3 DECISION ATTACHED	
PRINTED NAME AND TITLE OF STEP 3 REVIEWER	TELEPHONE NUMBER
SIGNATURE OF STEP 3 REVIEWER	