**SANTA MONICA COMMUNITY COLLEGE DISTRICT**

**OFFICE OF HUMAN RESOURCES**

**GRIEVANCE - STEP I**

<table>
<thead>
<tr>
<th>TO IMMEDIATE SUPERVISOR:</th>
<th>DEPARTMENT:</th>
</tr>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>FROM GRIEVANT:</th>
<th>WORK LOCATION/SITE:</th>
</tr>
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<tbody>
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</tbody>
</table>

**SPECIFIC PROVISION(S) OF CONTRACT ALLEGED TO BE VIOLATED:**

<table>
<thead>
<tr>
<th>ARTICLE(S):</th>
<th>SECTION(S):</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>DATE OF EVENT GIVING RISE TO THE GRIEVANCE: (MONTH/DAY/YEAR)</th>
<th>DATE OF REQUIRED INFORMAL DISCUSSION: (MONTH/DAY/YEAR)</th>
</tr>
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<tbody>
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**STATEMENT OF GRIEVANCE:**

Provide full statement of facts surrounding grievance detailing specific provisions alleged to have been violated, names of witnesses who have information relevant to claim and attach relevant documents.

<table>
<thead>
<tr>
<th>STATE THE SPECIFIC REMEDY SOUGHT:</th>
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**IS A MEETING WITH THE IMMEDIATE SUPERVISOR REQUESTED?**

- [ ] YES
- [ ] NO

**ADDITIONAL PERSON REQUESTED AT CONFERENCE (IF ANY):**

<table>
<thead>
<tr>
<th>NAME:</th>
<th>TITLE:</th>
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<table>
<thead>
<tr>
<th>SIGNATURE OF GRIEVANT:</th>
<th>DATE: (MONTH/DAY/YEAR)</th>
<th>REPRESENTATIVE (IF ANY):</th>
</tr>
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<tbody>
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</table>

**OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>DATE GRIEVANCE RECEIVED:</th>
<th>MEETING DATE:</th>
<th>LAST DAY TO RESPOND:</th>
<th>RESPONSE DATE:</th>
<th>REQUESTED BY:</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Grievant</td>
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<tr>
<td></td>
<td></td>
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<td>Supervisor</td>
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</table>

**NATURE OF RESPONSE:**

- [ ] APPROVED
- [ ] DENIED

<table>
<thead>
<tr>
<th>HUMAN RESOURCES REPRESENTATIVE SIGNATURE:</th>
<th>DATE:</th>
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**Rev.2006**