

**SANTA MONICA COMMUNITY COLLEGE DISTRICT  
OFFICE OF HUMAN RESOURCES**

**GRIEVANCE - STEP I**

TO IMMEDIATE SUPERVISOR:	DEPARTMENT:
FROM GRIEVANT:	WORK LOCATION/SITE:

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

ARTICLE(S):	SECTIONS(S):
DATE OF EVENT GIVING RISE TO THE GRIEVANCE: (MONH/DAY/YEAR)	DATE OF REQUIRED INFORMAL DISCUSSION: (MONTH/DAY/YEAR)

**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.

**STATE THE SPECIFIC REMEDY SOUGHT:**

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IS A MEETING WITH THE IMMEDIATE SUPERVISOR REQUESTED?  YES  NO

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

NAME:	TITLE:	
SIGNATURE OF GRIEVANT:	DATE: (MONTH/DAY/YEAR)	REPRESENTATIVE (IF ANY):

**OFFICE USE ONLY**

DATE GRIEVANCE RECEIVED:	MEETING DATE:	LAST DAY TO RESPOND:	RESPONSE DATE:	REQUESTED BY: <input type="checkbox"/> Grievant <input type="checkbox"/> Supervisor
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NATURE OF RESPONSE:  APPROVED  DENIED

HUMAN RESOURCES REPRESENTATIVE SIGNATURE:	DATE:
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white-office of human resources

yellow-immediate supervisor

pink-grievant